

# Workers Certification Card Application Form

Do not mark in this box, KTCP use only: Approved <input type="checkbox"/> Date:	File Number (for Office use only)
Not Approved <input type="checkbox"/> Reason :	Evaluator Signature or initials:

## Applicant Information

Last name :	First Name:			
Date of Birth (DD/MM/YYYY)	Phone Number:			
Address:				
Height:	Color of Eyes:	Color of Hair:	Male <input type="checkbox"/>	Female <input type="checkbox"/>

**Trade:** (You may check more than one box, hours must be provided for each trade checked).

<b>Ironworker</b>	App1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>	<b>Insulator</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>
<b>Carpenter</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>	<b>Millwright</b>	App1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>
<b>Specialization Occupations</b>	<b>Painter</b>		
<b>Brick Layer and Stone Mason</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>	<b>Plasterer and Stucco Mason</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>
<b>Cement Worker/Concrete Finisher</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> J <input type="checkbox"/>	<b>Plumber/Pipe Fitter</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>
<b>Crane Operator</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> J <input type="checkbox"/>	<b>Resilient Floor Installer</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>
<b>Electrician</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> J <input type="checkbox"/>	<b>Roofer</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> J <input type="checkbox"/>
<b>Electronics system Technician</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> App3 <input type="checkbox"/> J <input type="checkbox"/>	<b>Sprinkler System Installer</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>
<b>Elevator Constructors and Mechanics</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>	<b>Surveying engineer</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>
<b>Explosives Technician/Blaster</b> <input type="checkbox"/>	<b>Tile Setter</b>		
<b>Glazier</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>	<b>Tinsmith</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>
<b>Heavy Equipment Operator</b>	App 1 <input type="checkbox"/> J <input type="checkbox"/>	<b>Welder</b>	<input type="checkbox"/>
<b>Heavy Equipment Technician</b>	App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> App 3 <input type="checkbox"/> J <input type="checkbox"/>	<b>Non Specialty Occupation</b>	
General Laborer <input type="checkbox"/> Flagman/Traffic Control <input type="checkbox"/> Watchman <input type="checkbox"/>			

Non Specialty Occupations are required to have a minimum of Construction Safety Training to be eligible for Competency Certificate. Traffic Control persons are required to have Flagger/Traffic Control Training.

## Education:

Education	Name of School	Years Attended	Graduated or Completed	
High School Diploma			Yes <input type="checkbox"/>	No <input type="checkbox"/>
High School Leaving Certificate			Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Apprenticeship or Vocational Studies

Apprentice or Trade School	Union Local (If Applicable)	Years attended	Completed

1. Did you complete an apprenticeship program
2. Are you a member of, or have you ever been a member of a union?
3. Are you interested in joining a union
a. Which Union?

**Safety:**

Have you completed a course in Construction Safety?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If Yes which Training course?	KDOSH 30 Hr. <input type="checkbox"/>	Osha 10 or 30 Hour <input type="checkbox"/>	Quebec ASP <input type="checkbox"/>	Other <input type="checkbox"/>
Have you included a copy of course completion certificate or card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

**Certification:**

Do you currently hold a Construction Competency Card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes from what jurisdiction?		
Please detail any special certifications you may hold:		
Name of specialization:		

**Employment History**

Name of Employer	Dates of employment	Total Hours of Experience	Proof of Hours Provided

**Reminder: Do you have the supporting documents for your hours attached?**

I declare that the information appearing is correct and accurate and thereby authorize the Kahnawake Labor Competency Program (KLCP) to contact all concerned organizations in order to establish the authenticity of the documents I have provided, including the diploma, certificates, grades statement or any other document required by KLCD and submitted for purposes of admission to pass a qualification examination and obtaining the issuance of a competency certificate. I also understand that upon approval I am subject to a fee of \$50.00 dollars for the certificate which is subject to renewal every (5) five years.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_