

Kahnawake Trades Certification Program Competency Card Application



Applicant Information:

| | | | |
|-----------------------------|------------|-------------|---|
| Last Name: | | First Name: | |
| Date of Birth (DD/MM/YYYY): | | Telephone: | |
| Address: | | | |
| Email: | | | |
| Height: | Eye Color: | Hair Color: | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Trade: (You may check more than one box; however, proof of hours must be provided for each trade).

| Regulated Trades | Journeyman | Apprentice 1 | Apprentice 2 | Apprentice 3 | Apprentice 4 | Apprentice 5 |
|----------------------------------|---|-----------------|-----------------|-----------------|-----------------|-----------------|
| Heavy Equipment Operator | | | N/A | N/A | N/A | N/A |
| Reinforcing Steel Erector | | | N/A | N/A | N/A | N/A |
| Shovel Operator | | | N/A | N/A | N/A | N/A |
| Cement Finisher | | | | N/A | N/A | N/A |
| Crane Operator | | | | N/A | N/A | N/A |
| Roofer | | | | N/A | N/A | N/A |
| Boiler Maker | | | | | N/A | N/A |
| Bricklayer / Mason | | | | | N/A | N/A |
| Carpenter / Joiner | | | | | N/A | N/A |
| Erector Mechanic (Glazier) | | | | | N/A | N/A |
| Heavy Equipment Mechanic | | | | | N/A | N/A |
| Insulator | | | | | N/A | N/A |
| Interior Systems Installer | | | | | N/A | N/A |
| Ironworker | | | | | N/A | N/A |
| Millwright | | | | | N/A | N/A |
| Painter | | | | | N/A | N/A |
| Plasterer | | | | | N/A | N/A |
| Resilient Flooring Layer | | | | | N/A | N/A |
| Tile Setter | | | | | N/A | N/A |
| Tinsmith | | | | | N/A | N/A |
| Electrician | | | | | | N/A |
| Fire Protection Mechanic | | | | | | N/A |
| Pipe Fitter | | | | | | N/A |
| Refrigeration Specialist | | | | | | N/A |
| Elevator Mechanic | | | | | | |
| Non-Specialty Occupations | Minimum Construction Safety Training (ASP 30) required for eligibility. Traffic Control persons are required to have Flagger/Traffic Control Training. | | | | | |
| Blaster / Driller | | | | | | |
| Flagman / Traffic Control | | | | | | |
| Lineman | | | | | | |
| General Laborer | | | | | | |
| Surveyor | | | | | | |
| Watchman | | | | | | |
| Welder | | | | | | |

Education:

| Education Level | Name of School | Years Attended | Graduated / 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 |
|----------------------------|-----------------------------|----------------|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |



| | | |
|--|------------------------------|-----------------------------|
| 1. Have you completed an apprenticeship program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are you a member of, or have you ever been a member of a union? If yes, which Union? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are you interested in joining a union? If yes, which union? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Safety:

| | | |
|--|---|-----------------------------|
| Have you completed a course in Construction Safety? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please indicate which course | KDOSH 30 hr <input type="checkbox"/> OSHA 10 or 30 <input type="checkbox"/> Quebec ASP 30 <input type="checkbox"/> Other <input type="checkbox"/> | |
| Have you included a copy of course completion certificate of 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 |
|------------------|---------------------|---------------------------|-------------------------|
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REMINDER: Do you have the supporting documents for your hours attached?

I declare that all information contained herein is correct and accurate and hereby authorize the Kahnawake Trades Certification Program (KTCP) to contact all concerned organizations to establish the authenticity and accuracy of documents I have provided for purposes of admission to a qualification examination and obtaining the issuance of a competency card.

Signature of applicant: _____ Date: _____

Do not mark in this box, KTCP use only;

| |
|---|
| Approved: Yes <input type="checkbox"/> Date: _____ No <input type="checkbox"/> Reason: _____ |
| Evaluator Signature: |
| Final Approval Signature: |
| KLO file number (for office use only): |