

### Courtesy Translation

Corporations established in Québec are required to communicate with Revenu Québec in French. For this reason, Revenu Québec does not produce an English version of the forms to be used by corporations. However, Revenu Québec provides translations of the content of the forms for information purposes.

## Certificate of Participation in a Qualified Training Period

Form CO-1029.8.33.10 must be completed by any recognized educational institution that is required to attest to the participation of trainees in a qualified training period. Once the certificate has been duly completed, the educational institution must keep one copy for its files and give another copy, within six months after the end of the training period, to the individual, corporation or partnership at whose establishment the trainees completed their training period.

The individual or corporation (or, in the case of a partnership, an individual or corporation that is a member of the partnership) must submit a copy of the certificate to the Minister of Revenue of Québec

- **with the application for the tax credit** for an on-the-job training period in respect of the expenditures incurred by the individual, corporation or partnership for the training period; or
- **upon receipt of the certificate**, if it had not yet been received at the time the application for the tax credit was submitted.

The recognized educational institution can contact the individual, corporation or partnership to obtain the information to be entered in parts 1 to 3. However, the institution must ensure the information is accurate and provide a certification to that effect in Part 5.

### 1 Identification of the individual, corporation or partnership

Québec enterprise number (NEQ)		Social insurance number (individual)
Identification number (corporation)	File	<b>IC 0001</b>
Identification number (partnership)	<b>SP</b>	
Name of the individual, corporation or partnership, as applicable		
Address		Postal code

Place where the training period was served (if different from the address of the individual, corporation or partnership)
Postal code

### 2 Trainee information

Complete the table on page 3 of form CO-1029.8.33.10.

### 3 Supervisor information

Enter the name and social insurance number of each supervisor who participated in the supervision of the trainees, as well as the trainee number (shown in column 1 of the table on page 3 of form CO-1029.8.33.10) of each person supervised. Attach another sheet with the required information if more space is needed.

Name of supervisor	Social insurance number	Trainee number
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### 4 Identification of the recognized educational institution

Name of institution	Code of institution
Address	Postal code

## 5 Certification

I certify that

- each of the persons identified in the table on page 3 of form CO-1029.8.33.10 is registered as a full-time student in a vocational training program at the secondary level, a technical training program at the college level, a university program at the undergraduate, graduate or postgraduate level, or a program prescribed under section 1029.8.33.2R1 of the *Regulation respecting the Taxation Act*. A diploma, certificate or other official attestation is issued with regard to the program, and the program provides for one or more practical training periods totalling at least 140 hours;
- each of these persons completed a training period in an establishment of the individual, corporation or partnership identified in Part 1;
- the training period constitutes practical training that is part of an education program;
- where the training period was completed by these persons as part of a post-secondary education program that began after March 29, 2001, a formal evaluation of the training period was done by the person responsible for the program at the educational institution;
- where the trainees were college-level or university-level students, they were remunerated under conditions at least equivalent to those determined under the *Act respecting labour standards* (as if the Act were applicable to the trainees);
- the number of hours per week of supervision (individual and group supervision, as applicable) is deemed necessary for the completion of the training period; and
- the information respecting the trainees (Part 2) and the supervisors (Part 3) is accurate.

Name of authorized representative of the educational institution (please print)		Title or position		
Signature of authorized representative of the educational institution	Date	Area code	Telephone	Extension

### Trainee information

Trainee information is given in the table on page 3 of form CO-1029.8.33.10. Enter each trainee's number, name and social insurance number, the start date and end date of the training period, the time the trainee devoted to the training period, and the number of hours of supervision. Enter the number assigned to the education program by the educational institution as well as the number of hours of practical training required under the program. Attach another sheet with the required information if more space is needed.

1 Trainee number	2 Name of trainee	3 Social insurance number	Duration of training period	
			4 Start date of training period	5 End date of training period
Time devoted by the trainee to the training period		Supervision of trainees		
		Individual	Group (if applicable)	
6 Number of weeks	7 Number of hours per week	8 Number of hours per week	9 Number of hours per week	10 Number of trainees
Education program				
11 Number	12 Number of hours of practical training required			