



APPLICATION FOR AUTHORIZATION TO PRACTICE WITHIN A BUSINESS CORPORATION

IMPORTANT

TO BE AUTHORIZED TO PRACTICE WITHIN A BUSINESS CORPORATION, THE LICENCE HOLDER MUST COMPLY WITH THE FOLLOWING CONDITIONS:

1. Hold at least 90% of voting rights attached to the shares of the corporation;
2. Be the president of the corporation;
3. The information referred to in paragraphs 1 and 2 can be verified when examining the documents that can be required under paragraph 8;
4. Having sent to the OACIQ the documents required in section III of this form, on which the conditions indicated previously may be verified;
5. Having concluded an agreement between his corporation that he represents and the agency for which he acts;
6. Act for the agency exclusively through the corporation;
7. The corporation's main name includes the licence holder's first name and last name as they appear on his licence;
8. Provide all documents requested by the OACIQ, in accordance with applicable regulations.

When the licence holder who carries out his activities within a business corporation notes that one of the conditions set forth in this regulation is no longer met, he must, within 15 days of this observation, take the necessary measures to correct the situation. Otherwise, he ceases to be authorized to carry out his activities within a business corporation.

When the OACIQ notes that the broker was authorized to carry out his activities within a business corporation under false representations, he ceases immediately to be authorized to carry out his activities within this corporation. The OACIQ reserves the right to make sure that the abovementioned conditions are complied with.

SECTION I – IDENTIFICATION

Mr. Mrs.

Licence No.:

Name:

SURNAME

GIVEN NAME

Business corporation (the corporation's main name must include the broker's first name and last name as they appear on his or her licence)

NAME OF ENTERPRISE

Québec Enterprise Number (QEN):

SECTION II – AGENCY'S CONSENT

Name of the agency:

Licence no. of the agency for which the broker works:

An agreement has been concluded between the business corporation, represented by the broker, and the agency for which the latter works.

Yes No

The agency agrees that the broker works exclusively for it via the business corporation.

Yes No

Mr. Mrs.

Name of the agency executive officer:

SURNAME

GIVEN NAME

X

SIGNATURE OF AGENCY EXECUTIVE OFFICER / AUTHORIZED OFFICER

Date:

YEAR

MONTH

DAY

SECTION III – DOCUMENTS TO BE PROVIDED

(You must provide the following documents, unless you have already submitted them to the OACIQ.)

REGISTRATION

Please provide a statement showing up-to-date information on this corporation, as published in the Register of Sole Proprietorships, Partnerships, and Legal Persons (Registraire des entreprises du Québec).

SHAREHOLDERS

When the broker is not the sole shareholder, please provide the names of all shareholders and, for each, the percentage of voting rights attached to the shares they hold.

SECTION IV – DECLARATION AND SIGNATURE

I PRIVACY PROTECTION

The information collected in this form is necessary to allow us to process your request. You must provide all the information that is requested. Any misrepresentation will result in the revocation of your licence.

The OACIQ protects the privacy of all personal information provided, in accordance with the applicable legislation. Only OACIQ staff may access this information, and only to the extent required by their role. This information will be used exclusively for purposes of application of the *Real Estate Brokerage Act*, CQLR, c.C-73.2, and its regulations. It can be used for other purposes, in the cases prescribed by law. It may be transferred to other individuals or organizations only to the extent authorized by law, or with your consent.

The information and records that the Organization has on you are kept at its head office. Subject to certain reservations, the law authorizes you to access and request corrections to this information.

I declare that all the information contained in this application is accurate. **I agree to notify the OACIQ immediately of any changes to this information.**

X

SIGNATURE

Date:

YEAR			
MONTH			
DAY			

SECTION V – PAYMENT OF FEES

Please fill out the payment form.

To determine applicable fees, please visit the OACIQ's website at: oaciq.com.

Amount due (including taxes): \$.

File or licence No:
(IF APPLICABLE)

METHOD OF PAYMENT:

debit / Interac
cash
(payable at the OACIQ only)

by cheque
by money order
(to the order of OACIQ)

credit card
(fill in the fields on the right)

Visa MasterCard - - -
CARD NUMBER

EXPIRATION (MM/YY)

CVV/CVC

The CVV/CVC is a three-digit code located on the back of your credit card.

Name of cardholder (if different from applicant)

X

CARDHOLDER'S SIGNATURE

PLEASE SEND YOUR PAYMENT AND DOCUMENTS TO THE CERTIFICATION DEPARTMENT, BY MAIL, EMAIL OR FAX, TO ANY OF THE CONTACT INFORMATION INDICATED AT THE BOTTOM OF THIS PAGE.