

## CERTIFICATION DEPARTMENT

# **APPLICATION FOR LICENCE MODIFICATION**

## **SECTION I – IDENTIFICATION**

Mr.	Mrs.												Nun		I	1	I	I	1
Name:							I				LICE	nce	NUI	iber	 			I	
LAST NAME							FIRS	T NAME											
Email addres	s:				 				 		 		_						

# SECTION II – LICENCE MODIFICATION

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MODIFICATION OF THE METHOD O	R MODIFICATION OF THE TYPE OF LICENCE:	OR CERTIFIED AEO QUALIFICATION:
Act on my own account	Addition of the RESIDENTIAL field of practice	Addition of qualification
Act for an agency	Addition of the COMMERCIAL field of practice	Withdrawal of qualification
	OR	
	Withdrawal of the RESIDENTIAL field of practice	
	Withdrawal of the COMMERCIAL field of practice	

# SECTION III – LOCATION OF PRACTICE (Fill out this section only if the location of practice has changed)

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## CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The OACIQ protects the privacy of information it collects in accordance with the applicable legislation and its personal information governance policies. The OACIQ collects your personal information via this form. This information is necessary and it will be used for the following purposes:

- Verification of your identity.
- Processing of your licence modification application to ensure that your application meets the conditions set forth in the regulations.
- Payment of your application fee.
- Keeping of the OACIQ Register of licence holders.

Where applicable, your personal information may be used to oversee your practice by OACIQ staff members or committee members whose duties so require.

The payment information collected via this form is destroyed once the processing of your application is completed.

In some cases prescribed by law, your personal information may be used for purposes other than those described above or disclosed to third parties without your consent.

#### **Right of access and correction**

Subject to certain reservations, the law authorizes you to access your personal information. You may request corrections to your personal information held by the OACIQ if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized by law.

#### **Consequences of refusal**

This collection of your personal information is necessary to process your application. In the event that you withdraw your consent to the collection, use or disclosure of your personal information, the OACIQ will not be able to receive or process your application.

#### Consent

I CONFIRM that I have read and understood the information regarding the collection, use and disclosure of my personal information. I consent to the collection, use and disclosure of my personal information.

I DECLARE that all the information contained in this form is accurate and I understand that any misrepresentation will result in the revocation of my licence. I undertake to notify the OACIQ immediately of any change to this information.

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SIGNATURE

Date : DAY MONTH YEAR

Please sign the form AFTER completing ALL the sections.

## SECTION VI – PAYMENT OF FEES

#### Please fill out the payment form.

To determine applicable fees, please visit the OACIQ's website at synbad.com/fees.

AMOUNT DUE (including taxes): \$,, File or licence number: (IF APPLICABLE)
METHOD OF PAYMENT     CREDIT CARD or   CHEQUE OR MONEY ORDER (to the order of OACIQ)
Visa   MasterCard
Name of cardholder (if different from applicant)
CARDHOLDER'S SIGNATURE

## PLEASE SEND YOUR PAYMENT AND DOCUMENTS

to the Certification Department by email at <u>CERTIFICATION@OACIQ.COM</u>, by mail or by fax to any of the contact information indicated below.

Organisme d'autoréglementation du courtage immobilier du Québec 4905 Lapinière Blvd., Suite 2200, Brossard (Québec) J4Z 0G2 Tel.: 450-462-9800 or 1-800-440-7170 • Fax: 450-676-3513 • certification@oaciq.com • oaciq.com