



SECTION I INFORMATION ON THE APPLICANT

IDENTITY OF THE APPLICANT

Sex: Female Male

Surname and given name at birth: (If several given names appear on your birth certificate, please indicate the one that should appear on your real estate certificate and in any advertising)
(If you were born in Canada, as it appears on your birth certificate. If you were born outside of Canada, as it appears on your certificate of citizenship, work permit or permanent resident card.)

SURNAME: _____ GIVEN NAME: _____

Surname and given name (If you were a woman married before April 2, 1981 and wish to use your married name [see Section IV]):

SURNAME: _____ GIVEN NAME: _____

Date of birth: YEAR: _____ MONTH: _____ DAY: _____

Place of birth: MUNICIPALITY: _____ PROVINCE: _____ COUNTRY: _____

Home address: (mandatory)

CIVIC NO. _____ STREET: _____ APARTMENT: _____
MUNICIPALITY: _____ PROVINCE: _____ POSTAL CODE: _____
AREA CODE: _____ HOME TELEPHONE NO. _____ HOME FAX NO. _____ AREA CODE: _____ CELLULAR NO. _____ AREA CODE: _____ PAGER NO. _____

Language of correspondence: French English

Address of correspondence: Establishment Home Other (if different from home address or establishment) – specify:

ADDRESS OR P.O. BOX: _____ APARTMENT: _____
MUNICIPALITY: _____ PROVINCE: _____ POSTAL CODE: _____

Electronic addresses: EMAIL: _____ WEBSITE: _____

▼ AUTHORIZATION TO PUBLISH MY ELECTRONIC ADDRESSES

I authorize the Association to publish:

- my email address Yes No
- my Web address in the Membership Register of the ACAIQ website Yes No

SECTION II QUALIFICATIONS REQUIRED / TRAINING / EXAMINATION

EXAMINATION

Desired date: YEAR: _____ MONTH: _____ DAY: _____

(The date chosen by the ACAIQ will be confirmed to your broker by fax according to availability and when your file is complete. Please see the Examination Schedule on the ACAIQ website.)

Language of examination: French English

Name of college-level educational institution that will issue the attestation of collegial studies (official transcript):

▼ TRAINING

You must demonstrate to the Association that you have the training required by law, i.e.:

- hold a secondary school diploma or an attestation of equivalence recognized by the Minister of Education and Science;
- and hold an attestation of collegial studies issued by a college-level educational institution for program 902.56 (**official** transcript) and, if applicable, a copy of the equivalences granted by a general and vocational college (Cegep) regarding one or several courses required by law for an affiliated real estate agent certificate.

You will be required to take and pass with a mark of at least 70% the examination prepared by the Association for the affiliated real estate agent's certificate.

▼ EXEMPTIONS

However, you are not required to prove these qualifications within two years following:

- the expiry or relinquishment of your affiliated real estate agent's certificate; or
- the suspension, by operation of law, of your affiliated real estate agent's certificate pursuant to section 17 of the *Real Estate Brokerage Act* (L.R.Q., c. C-73.1).

RESERVED FOR THE ACAIQ

RECEIPT STAMP

SECTION III OTHER QUALIFICATIONS REQUIRED / CRIMINAL RECORD

CRIMINAL OFFENCE(S)

In the 5 years preceding the date of this application, have you been found guilty of, by final judgment, or pleaded guilty to a **criminal offence**?

- Yes No

If so, please submit the following documents with your application:

- Information (indictment)
- Written judgment (conviction and sentence if available or recording of hearing) • Electronic Records of proceedings • Others documents describing the offence

Please provide the following information:

- a) Country: _____
b) Province / State: _____
c) Judicial District: _____
d) File Number: _____
e) Object of charge: _____

Please note that, under the regulations, the ACAIQ verifies the existence of criminal records for all applicants prior to issuing a certificate.

If you have answered YES or if our verification reveals that you failed to disclose the existence of a criminal record, your application will be referred to the Decision Committee on Criminal Offences, which will examine your file. The existence of a criminal record will delay the processing of your application for issuance.

Impaired driving offences constitute criminal offences and must be disclosed.

- I have submitted a "Request for advance review of criminal record".

TRUST ACCOUNT OFFENCE

In the 5 years preceding the date of this application, have you been found guilty of, by final judgment, or pleaded guilty to an offence under the *Real Estate Brokerage Act* or other real estate brokerage law outside of Québec, concerning the **administration of a trust account**?

- Yes No

If so, please submit the following documents with your application:

- Information (indictment)
- Minutes (guilt and sentence)
- Written judgment (conviction and sentence), if available
- Hearing recording – conviction and sentence (tape or CD-ROM)
- Probation, if applicable
- Any other document describing the circumstances of the offence, ex. Presentence report

IN WITNESS WHEREOF I have signed in _____ on _____.

X

SIGNATURE OF APPLICANT

SECTION IV DOCUMENTS TO BE SUBMITTED

DOCUMENT 1 : PROOF OF IDENTITY

1. You must submit one of the following documents:

- a) **If you are a Canadian citizen born in Canada:** your act of birth (baptismal certificate), birth certificate (blue card):

- original attached, which will be returned to you; **or**
 copy attached marked "certified true copy" authenticated by a commissioner of oaths.

- b) **if you are a Canadian citizen born outside of Canada:** your Canadian citizenship certificate (preferably with photo [passport, driver's licence or other forms of ID **NOT ACCEPTED**]):

- original attached, which will be returned to you; **or**
 copy attached marked "certified true copy" authenticated by a commissioner of oaths.

- c) **If you are not a Canadian citizen,** the document attesting of your permanent resident status or the work permit issued by the Canadian immigration authorities:

- original attached, which will be returned to you; **or**
 copy attached marked "certified true copy" authenticated by a commissioner of oaths.

2. If you are a woman married before April 2, 1981, you may use your husband's name or you may continue to use this name even if you were divorced or widowed after this date. You must, however, provide a document stating the name of your husband and the date of your marriage, such as your marriage license, marriage certificate or marriage contract:

- original attached, which will be returned to you; **or**
 copy attached marked "certified true copy".

Unless you produce this document, the certificate will be delivered to your birth name.

DOCUMENT 2 : PHOTOS (example of format required/do not glue photo)

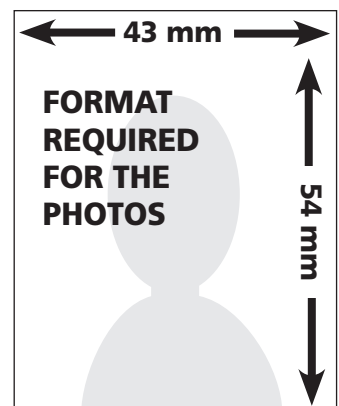
You must provide:

- 2 identical color photos** on a white background, the same size as the photos required for Québec health insurance. The photos must have been taken within **the last 6 months and dated on the back using a dater.**

DOCUMENT 3 : PROOF OF TRAINING

If you do not benefit by one of the training exemptions provided in SECTION II, you must submit:

- a copy of your secondary school diploma or an attestation of equivalence recognized by the Minister of Education and Science;
- a copy of your attestation of collegial studies (**official** transcript) issued by a college-level educational institution for the program 902.56;
- if applicable, a copy of the equivalences granted by a general and vocational college (Cégep) regarding one or several courses required by law for an affiliated real estate agent certificate.



SECTION V**PROFESSIONAL ACTIVITIES PROHIBITED**

(Section 20 of the *Real Estate Brokerage Act*)

Do you plan to carry out professional activities other than real estate agent or do you hold a valid certificate for one of the following activities?

Activities prohibited under the Act:

- Damage insurance agent or broker
- Personal insurance agent or broker
- Securities broker, advisor or representative
- Claim adjuster
- Financial planner
- No other activity
- Other activity (specify): _____

(Please note that the Association may verify this information; a certificate obtained under false pretences may be revoked.)

SECTION VI**AUTHORIZATION TO PASS ON SOME INFORMATION**

I authorize the Association to use the following information **to prepare a list to be passed on to certain persons**: my name, my broker's name, the address and telephone and fax numbers of my establishment, the number and category of my certificate as well as my broker's certificate and the administrative region in which my establishment is located. This authorization is valid only for the current year.

| | | | | | | | |
|--|---|---------------------|---|---|---|--|---|
| Suppliers selected and sponsored by the Association: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Real estate boards: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other persons for philanthropic prospecting purposes: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other persons for business prospecting purposes: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|---------------------|---|---|---|--|---|

SECTION VII**HISTORY OF CERTIFICATES PREVIOUSLY HELD BY APPLICANT**

If applicable, please provide the category and number of all real estate brokerage certificates held in the 5 years prior to the current application:

Certificate category: Broker Agent Certificate number:

SECTION VIII**INTERVENTION BY CHARTERED REAL ESTATE BROKER**

IDENTITY OF CHARTERED REAL ESTATE BROKER WHICH WILL BE EMPLOYING THE APPLICANT OR WHICH WILL AUTHORIZE HIM TO ACT ON HIS OR ITS BEHALF

Surname and given name or company name of chartered real estate broker:

SURNAME AND GIVEN NAME OR COMPANY NAME OF CHARTERED REAL ESTATE BROKER, CORPORATION/PARTNERSHIP

Chartered real estate broker certificate No.:

▼ UNDERTAKING OF CHARTERED REAL ESTATE BROKER

- The chartered real estate broker undertakes to employ the applicant, or to authorize him to act on his or its behalf as soon as he is issued the certificate applied for.
- The applicant will be assigned to the following establishment where the records, books and registers are kept:

Address of establishment:

CIVIC NO. STREET SUITE

MUNICIPALITY POSTAL CODE

AREA CODE TELEPHONE NO. FAX NO.

Payments to the Fonds d'assurance responsabilité professionnelle de l'Association des courtiers et agents immobiliers du Québec (FARCIQ) • 450 656-5959

If the chartered real estate broker is insured by FARCIQ, he agrees to pay the applicant's professional liability insurance premium according to the terms and conditions of the FARCIQ invoice which he will receive by mail. If the applicant leaves the chartered real estate broker before this invoice is received or paid, the chartered real estate broker shall remain responsible for paying the applicant's premium.

Important: The FARCIQ premium will not be refunded in case of the agent's suspension (voluntary or ordered) or his termination by the chartered real estate broker.

▼ DECLARATION OF CHARTERED REAL ESTATE BROKER

The chartered real estate broker declares that all the information contained in this section is accurate.

NOTE:

This section must be signed by the **natural person** who holds a chartered real estate broker's certificate, or in the case where the chartered real estate broker is a legal person or partnership, by the **natural person who represents the broker** to apply the law or **any other person specially authorized** to this effect by the holder or his representative, in which case a copy of such authorization must be included with this application, if not already provided to the ACAIQ.

Identity of the chartered real estate broker's representative or authorized person:

Mr. Mrs.

SURNAME GIVEN NAME

IN WITNESS WHEREOF I have signed in _____ on _____.

X

SIGNATURE OF THE CHARTERED REAL ESTATE BROKER, THE REPRESENTATIVE OR THE AUTHORIZED PERSON

