OACIQ

CERTIFICATION DEPARTMENT

APPLICATION FOR ISSUANCE OF A LICENCE
Real Estate Agency
Legal Person and Partnership

IMPORTANT

This form must be used to submit an application for the issuance of a real estate agency licence in the case of a legal person or partnership. The name under which the agency wishes to operate listed in Section I must meet certain criteria and comply with the regulations. You must then wait for your file to be fully approved by the OACIQ before registering the name under which you wish to operate with **Registraire des entreprises du Québec**.

A licence application is deemed received only once all information and documents required hereunder have been provided by the applicant and the application examination fee has been paid. After the analysis, you will have to pay the applicable fees for the related month. For more details, read this article on synbad.com.

SECTION I – IDENTIFICATION

Name under which the agency wishes to operate:

NAME OF LEGAL PERSON OR PARTNERSHIP

Company name (if applicable, for a former OACIQ licence holder enter the same name as the one found in the "Company identification" section of the REQ):

NAME OF AGENCY

Address of main establishment:

NUMBER | STREET | SUITE

MUNICIPALITY | PROVINCE | POSTAL CODE

AREA CODE | TELEPHONE NUMBER | AREA CODE | FAX NUMBER

Electronic addresses: _____ E-MAIL _____ WEBSITE (IF APPLICABLE)

NAME OF THE EXECUTIVE OFFICER:

The following person will act as EXECUTIVE OFFICER of the agency:

LAST NAME | FIRST NAME

Agency executive officer's licence number:

SECTION II – FILE NUMBER

If the legal person or partnership has ever been issued a licence by the OACIQ or a certificate by the ACAIQ, indicate the number of this licence or certificate:

SECTION III – CORRESPONDENCE PREFERENCES

Language of correspondence: ☐ French ☐ English

Address of correspondence: The OACIQ favors electronic communications to circulate information to candidates and licence holders (notably through e-mail, synbad.com and PRO@CTIVE). Printed correspondence will be mailed to your main establishment by default. If you prefer to use another address, please indicate it below. Note that you may change your preferred address of correspondence at any time by accessing **My record** on synbad.com or by contacting the Certification Department, whose contact information is indicated on this form.

☐ Other

Address:

NUMBER STREET SUITE

MUNICIPALITY PROVINCE POSTAL CODE

SECTION IV – APPOINTMENT OF SIGNING OFFICER

I, the undersigned, _____ (NAME OF CURRENT AGENCY EXECUTIVE OFFICER) _____ (LICENCE NUMBER),

executive officer of _____ (NAME OF AGENCY) _____ (LICENCE NUMBER),

authorize the following person(s) to sign any document pertaining to OACIQ Certification Department operations (licence issuance, transfer, cessation of activities, lifting of suspension, broker assignment and licence modification):

Name of authorized person:

X _____
SIGNATURE OF AUTHORIZED PERSON

Name of authorized person:

X _____
SIGNATURE OF AUTHORIZED PERSON

Name of authorized person:

X _____
SIGNATURE OF AUTHORIZED PERSON

Signed in _____ (MUNICIPALITY) on _____ (DAY MONTH YEAR)

X _____
SIGNATURE OF CURRENT AGENCY EXECUTIVE OFFICER

SECTION V – DECLARATIONS

You must provide the information and documents that are requested, unless you have already submitted them to the OACIQ. Where necessary, you may attach a sheet to complete your answers. Note that the agency executive officer is responsible for the answers in this section even though it was completed by another person.

Since the last licence issuance application or information update or if you have never disclosed the information before:

1. Has the legal person or partnership ever been the holder of a certificate issued by the ACAIQ or of a licence issued by the OACIQ?

   ☐ Yes ☐ No

2. If you answered yes to question 1, has this certificate or licence ever been revoked, suspended or made subject to restrictions or conditions by the Discipline Committee of the ACAIQ or the OACIQ?

   ☐ Yes ☐ No ☐ N/A

3. If the legal person or partnership has already held a real estate brokerage licence, has it been the subject of a claim or filed a notice of loss with the Fonds d'assurance responsabilité professionnelle du courtage immobilier du Québec (FARCIQ) regarding its professional liability?

   ☐ Yes ☐ No

4. Is the legal person or partnership currently or has it ever been a member of a body, in another province or State (international), responsible for overseeing and monitoring real estate brokerage?

   ☐ Yes ☐ No

   If yes, please provide the following information:

   a) Name of body _____

   b) Country _____ *c) Province/State* _____ *d) Member number* _____

5. If you answered yes to question 4, has this licence or certificate ever been revoked, suspended or made subject to restrictions or conditions by this body?

   ☐ Yes ☐ No ☐ N/A

   If yes, please complete and send us the **Form to be completed in case of conviction – Penal offence and criminal act***, available on the OACIQ's website.*

6. Has the legal person or partnership ever made an assignment of property or been placed under a receiving order pursuant to the *Bankruptcy and Insolvency Act*?

   ☐ Yes ☐ No

   If yes, please complete and send the **Form to be completed in case of bankruptcy***, available on the OACIQ's website, and the required documents.*

You must mention any conviction or guilty plea (even those for which you are awaiting a sentence), those for which you received a discharge (whether conditional or unconditional) or a record suspension (formerly called "pardon")

7. Regardless of the time period elapsed since your conviction, has the legal person or partnership ever pleaded guilty to, or been found guilty by a court, in Canada or elsewhere, of a criminal offence? (Note that you are required to declare any guilty plea regardless of its nature or relation (perceived or not) to the real estate brokerage field, even those for which you are awaiting a sentence).

   ☐ Yes ☐ No

   If yes, please complete and send us the **Form to be completed in case of conviction – Penal offence and criminal act***, available on the OACIQ's website, along with the following documents:*

   a) Information (Indictment);

   b) Record of proceedings of guilt and sentence;

   c) Written judgement or, if it is not available, audio recordings of hearing on guilt and sentence, if the conviction is less than 10 years;

   d) Pre-sentencing report;

   e) Probation order, if applicable;

   f) Record suspension application, if applicable;

   g) Decision refusing criminal record suspension, if applicable.

SECTION V – DECLARATIONS (continued)

8. Except for a violation to the *Highway Safety Code* and municipal by-laws, has the legal person or partnership pleaded guilty to, or found guilty by a court, in Canada or elsewhere, of a penal offence pursuant to a provincial or federal law or any other applicable legislation?

   ☐ Yes ☐ No

   If yes, please complete and send the **Form to be completed in case of conviction***, available on the OACIQ's website, along with the following documents:*

   a) Statement of offence or indictment

   b) Written judgement or, if it is not available, record of proceedings of guilt and sentence

   c) Audio recordings of hearing on guilt and sentence, if the conviction is less than 10 years

9. Has the legal person or partnership ever pleaded guilty to, or been found guilty by a court, in Canada or elsewhere, of a breach of ethics?

   ☐ Yes ☐ No

   IIf yes, please complete and send us the **Form to be completed in case of conviction – Penal offence and criminal act***, available on the OACIQ's website.*

10. Has the legal person or partnership been the subject of a claim with the Indemnity Fund or Insurance Fund of another order, body, corporation or professional association?

    ☐ Yes ☐ No ☐ N/A

    If yes, please complete and send us the **Form to be completed in case of conviction – Ethical Offence***, available on the OACIQ's website, along with any available document.*

11. What is the agency's intended main area of practice?

    ☐ Residential ☐ Commercial

12. Is the agency franchised?

    ☐ Yes ☐ No

13. If you answered yes to question 12, did you obtain the franchisor's authorization to use his name and logo?

    ☐ Yes ☐ No ☐ N/A

14. How many brokers do you intend to employ within the agency?

    Number of brokers: _____

SECTION VI – FORMER AGENCY WHOSE LICENCE HAS BEEN REVOKED FOR LESS THAN 12 MONTHS

If you are a former OACIQ agency licence holder and your licence has been revoked following, for example, the non-payment of the annual licence maintenance fees, please answer the following questions:

a) Have there been any changes in the name, status or corporate structure of your legal person or partnership (e.g. merger, reincorporation, etc.) of which the Certification Department has not been notified?

   ☐ Yes ☐ No

   Please provide a statement showing up-to-date information as published in the **Registraire des entreprises (REQ)**.

b) Did you have any brokerage contracts in progress when your agency licence was revoked?

   ☐ Yes ☐ No

   If you answered yes:

   Do you certify that you and your brokers have immediately notified in writing the parties represented by you or one of your brokers that you were no longer authorized to act on your respective behalf and that your brokerage contracts were terminated automatically due to the cessation of agency activities? Read ***this article*** for more details.

   ☐ Yes ☐ No

   Sending notices to your clients is a mandatory condition for the issuance of your licence.

SECTION VI – FORMER AGENCY WHOSE LICENCE HAS BEEN REVOKED FOR LESS THAN 12 MONTHS (continued)

c) Have you, your agency or one of your brokers suspended due to the cessation of the agency's activities carried out real estate brokerage activities during the agency licence revocation period? Read ***this article*** for more details.

☐ Yes ☐ No

Names of brokers who carried out brokerage activities during the agency licence revocation period (add a page as an annex if necessary):

NAME _____ LICENCE NUMBER ☐☐☐☐☐

NAME _____ LICENCE NUMBER ☐☐☐☐☐

NAME _____ LICENCE NUMBER ☐☐☐☐☐

SECTION VII – AUTHORIZATION TO DISCLOSE (OPTIONAL)

COMMERCIAL OR PHILANTHROPIC PROSPECTION

☐ I authorize the OACIQ to disclose the following information to companies or individuals who will use it for commercial or philanthropic prospection purposes: my name and, if applicable, my common name; my licence number; the fact that I hold a real estate broker's licence; the titles I may use; the corporate name or assumed name of the agency on whose behalf I will carry out my activities; the address and phone number of my establishment; and my email address.

REGISTER OF LICENCE HOLDERS

☐ I authorize the OACIQ to publish my email and website addresses in the Register of licence holders.

You may at any time withdraw (or give) your consent to disclose information for commercial or philanthropic prospection purposes or to publish your email/website address in the Register of licence holders. To do so, go to My record on synbad.com or contact the Certification Department whose contact information is indicated on this form.

SECTION VIII – CONSENT, DECLARATION AND SIGNATURE

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 application for OACIQ licence issuance to ensure that your application meets the conditions set forth in the regulations.
- Payment of your licence issuance application fee.
- Criminal record check.
- 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.

To check your criminal record, the OACIQ may disclose your personal information to companies specialized in background checks.

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 authorize third parties to disclose to the OACIQ, and to any person it may mandate, personal information regarding my criminal record. **I undertake to notify the OACIQ immediately of any change to this information.**

X _____ **Date :** DAY MONTH YEAR

SIGNATURE

Please sign the form AFTER completing ALL the sections.

SECTION IX – 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

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 email at CERTIFICATION@OACIQ.COM, 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

Send Reset