



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

### IMPORTANT

Prior to submitting your licence application, you must have applied to the Certification Department at [certification@oaciq.com](mailto:certification@oaciq.com) for the approval of the name chosen for your agency, indicating your name, your licence number and the desired name for your agency. This step is required to ensure that the chosen name is compliant. Read **this article** for more details.

A licence application is deemed received once the name previously submitted by the applicant has been approved by the OACIQ, and once all information and documents required hereunder have been provided and the applicable fees have been paid.

### SECTION I – IDENTIFICATION

**Company name (enter the same name as the one found in the "Company identification" section of the REQ):**

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NAME OF LEGAL PERSON OR PARTNERSHIP

**Name under which the agency will operate - assumed name:**

(enter the same name as the one found in the "Other names used in Québec" section of the REQ):

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NAME OF AGENCY

**Address of main establishment:**

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NUMBER

STREET

SUITE

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MUNICIPALITY

PROVINCE

POSTAL CODE

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AREA CODE

TELEPHONE NUMBER

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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:

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LAST NAME

FIRST NAME

**Agency executive officer's licence number:**

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### SECTION II – FILE NUMBER

If it has already been given, please indicate the agency's file number; or if the agency has ever been issued a licence by the OACIQ or a certificate by the ACAIQ, indicate the number of this licence or certificate:



## 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 provide the decision or judgement.*

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.*

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).  
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) Information (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

d) Pre-sentencing report, if available

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## SECTION V – DECLARATIONS (continued)

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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

*If yes, please complete and send the **Form to be completed in case of conviction**, available on the OACIQ's website, along with the decision or judgment.*

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

*If yes, please complete and send the **Form to be completed in case of conviction**, available on the OACIQ's website, along with the decision or judgment.*

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:* \_\_\_\_\_

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## SECTION VI – DOCUMENT TO BE PROVIDED

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*(You must provide the following document, unless you have already submitted it to the OACIQ.)*

### PROOF OF LEGAL EXISTENCE

A statement showing up-to-date information as published in the Register of sole proprietorships, partnerships and legal persons concerning the legal person or partnership (Registraire des entreprises du Québec) **as long as the registered name has been approved by the OACIQ prior to the filing of your application.**

**SECTION VII – 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) 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.*

b) 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 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**

SIGNATURE

Date : 

DAY	MONTH	YEAR			

**Please sign the form AFTER  
completing ALL the sections.**

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## **SECTION IX – AUTHORIZATION TO DISCLOSE (OPTIONAL)**

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### **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](http://synbad.com) or contact the Certification Department whose contact information is indicated on this form.

**SECTION X – PAYMENT OF FEES**

Please fill out the payment form.

To determine applicable fees, please visit the OACIQ's website at [synbad.com/fees](http://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](mailto: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

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