



## REQUEST FOR LIFTING OF LICENCE SUSPENSION

Real estate broker – Real estate agency – Natural person

### IMPORTANT

You may apply to have your licence suspension lifted to regain your right to practice when the reason for the suspension no longer exists. See [this article](#) for more details.

The total amount of applicable fees varies depending on your situation. See [this article](#) to learn about the applicable fees and complete SECTION VI below.

### SECTION I – IDENTIFICATION

Mr.          Mrs.

Licence Number:

Name:

<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME

Email address:

### SECTION II – METHOD AND LOCATION OF PRACTICE

I will carry out my activities on my own account

I will carry out my activities on behalf of an agency

Starting date of activities:

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR

( Please note that the lifting of suspension will be effective once the OACIQ's Register of Licence Holders is updated.)

Address of the establishment where you will be carrying out your activities

<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER	STREET	SUITE
<input type="text"/>	<input type="text"/>	<input type="text"/>
MUNICIPALITY	PROVINCE	POSTAL CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
AREA CODE	TELEPHONE NUMBER	AREA CODE      FAX NUMBER

### SECTION III – DECLARATIONS

1. Did you have any brokerage contracts in progress when your licence was suspended?

Yes      No

If you answered 'Yes':

**If you were acting on behalf of an agency:** do you certify that you and your former agency executive officer, if applicable, have immediately notified the parties you were representing in writing that you were no longer authorized to act on their behalf and that you have informed them of the name of the broker appointed to replace you? The notifications sent should indicate the parties' right to continue doing business with your agency or to terminate the contract. Check [this article](#) for more details depending on your situation.

Yes      No      Sending notices to your clients is a mandatory condition for the lifting of your licence suspension.

**SECTION III – DECLARATIONS (continued)**

or

**If you were acting on your own account:** do you certify that you immediately informed your clients that you were no longer authorized to act on their behalf and that your brokerage contracts were automatically terminated (if you were acting alone)? Read **this article** for more details depending on your situation.

Yes      No      *Sending notices to your clients is a mandatory condition for the lifting of your licence suspension.*

2. Did you carry out real estate brokerage activities during your licence suspension period? Read **this article** for more details.

Yes      No

**SECTION IV – UNDERTAKING OF THE AGENCY (if applicable)**

Name of the agency:

Agency's licence number:

\_\_\_\_\_

The agency agrees to employ the applicant or authorize him to act on its behalf once he is a licence holder.

Agency executive officer

Authorized signatory

\_\_\_\_\_

LAST NAME

FIRST NAME

**I confirm that I have read the applicant's declarations.**

**X**

\_\_\_\_\_  
SIGNATURE OF AGENCY EXECUTIVE OFFICER / AUTHORIZED OFFICER

Date:

DAY

MONTH

YEAR

## SECTION V – CONSENT, DECLARATION AND SIGNATURE

### **I 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 to lift the OACIQ licence suspension to ensure that your application meets the conditions set forth in the regulations.
- Payment of the application fee to lift your suspension.
- 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.**

#### **Déclaration**

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.**

**X**

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](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

Tel.: 450-462-9800 or 1-800-440-7170 • Fax: 450-676-3513 • [certification@oaciq.com](mailto:certification@oaciq.com) • [oaciq.com](http://oaciq.com)