



REQUEST FOR LICENCE HISTORY OR CERTIFICATE

IMPORTANT

This form is intended for individuals who wish to obtain information in writing about a broker's licence. Two types of documents can be requested from the Certification Department: a complete licence history or a specific licence certificate.

A **licence history** gives account, in chronological order, of activity periods, locations of practice and a broker's licence type. More specifically, this document lists the following information:

1. Dates of licence issuance and name of employer
2. Dates and time of licence suspension and revocation
3. Dates and time of licence suspension lifting and name of employer
4. Dates and changes of broker's name
5. Dates and changes of employer's name
6. Dates and types of licence modification
7. For a chartered broker: start and end dates of his or her functions as agency executive officer

A **licence certificate** confirms any type of authorization held by a broker for a given period or date. This document may also certify a broker's licence status. Here are some examples of information that can be requested:

8. Date on which a broker has been authorized to practise within a business corporation
9. Date on which a broker has obtained his qualifications to act as an agency executive officer
10. Type of licence held by a broker

SECTION I – APPLICANT'S IDENTIFICATION

Mr. Mrs.

Name:

LAST NAME	FIRST NAME

Contact information:

NUMBER	STREET	APT. / SUITE / PREMISES
MUNICIPALITY	PROVINCE	POSTAL CODE
AREA CODE	TELEPHONE NUMBER (HOME)	AREA CODE
AREA CODE	TELEPHONE NUMBER (WORK)	AREA CODE
AREA CODE	TELEPHONE NUMBER (CELL)	

SECTION V – 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 licence history or certificate to ensure that your application meets the conditions set forth in the regulations.
- Payment of your application fee.

Where applicable, if you are or have been an OACIQ licence holder, 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 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.**

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



- - -

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