



CERTIFICATION DEPARTMENT

REQUEST FOR ACCESS TO THE SECURE SITE OF THE OACIQ SYNBAD.COM

IMPORTANT

To access synbad.com, the secure site reserved for brokers, you must have a valid licence of practice issued by the OACIQ. However, students enrolled in a basic training program recognized by the OACIQ may request access to the secure site by completing this form and returning it to the OACIQ Certification Department.

SECTION I – IDENTIFICATION

Mr. Mrs.

Name at birth

LAST NAME	FIRST NAME

Date of birth:

DAY	MONTH	YEAR			

Address:

NUMBER	STREET	APT. / SUITE / SPACE
MUNICIPALITY	PROVINCE	POSTAL CODE
AREA CODE	TELEPHONE NO.	AREA CODE CELLPHONE

Email address: _____

SECTION II – FILE NUMBER

If you have already been granted one, you must enter your file number or, if you have ever been an OACIQ licence holder or an ACAIQ certificate holder, the licence or certificate number:

SECTION III – EDUCATIONAL INSTITUTION

Name of educational institution: _____

Name and code of training program: _____

SECTION IV – DOCUMENTS TO BE PROVIDED

You must provide **proof of enrollment in a training program**.

I attach a copy of a document certifying that I am enrolled in a basic training program recognized by the OACIQ.

SECTION V – DECLARATION AND SIGNATURE

I PRIVACY PROTECTION

The information collected in this form is necessary to allow us to process your request. You must provide all the information that is requested.

The OACIQ protects the privacy of all personal information provided, in accordance with the applicable legislation. Only OACIQ staff may access this information, and only to the extent required by their role. This information will be used exclusively for purposes of application of the *Real Estate Brokerage Act*, CQLR, c.C-73.2, and its regulations. It can be used for other purposes, in the cases prescribed by law. It may be transferred to other individuals or organizations only to the extent authorized by law, or with your consent.

The information and records that the Organization has on you are kept at its head office. Subject to certain reservations, the law authorizes you to access and request corrections to this information.

I declare that all the information contained in this application is accurate. **I agree to notify the OACIQ immediately of any changes to this information.**

X

SIGNATURE

Date :

DAY	MONTH	YEAR							

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

Organisme d'autoréglementation du courtage immobilier du Québec

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