



REQUEST FOR LIFTING OF LICENCE SUSPENSION

Real estate agency – Legal person and partnership

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 the sections below.

SECTION I – IDENTIFICATION

Agency's licence No.:

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

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):

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:

Mr.

Mrs.

LAST NAME

FIRST NAME

Agency executive officer's licence number:

SECTION II – LIFTING OF THE SUSPENSION

Desired effective date:

DAY

MONTH

YEAR

(Note that the change of name will be effective once the OACIQ's Register of licence holders has been updated.)

SECTION III – DÉCLARATIONS

Has the legal person or partnership carried out real estate brokerage activities during the agency licence suspension period?

See [cet article](#) for more details.

Yes No

SECTION IV – 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 personal information is necessary; it is required by the *Real Estate Brokerage Act* (CQLR, c. C-73.2) and its regulations for the issuance of OACIQ licences. This information 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.

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.**

Check the box corresponding to your position in the agency:

Agency executive officer

Majority shareholder

President of the legal person

Authorized signatory

X

SIGNATURE

Date :

DAY	MONTH	YEAR							

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

SECTION V – 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

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