



CERTIFICATION DEPARTMENT  
**APPOINTMENT OF SIGNING OFFICER**

**SECTION I – APPOINTMENT OF SIGNING OFFICER**

This appointment can be maintained or cancelled during the agency licence renewal or during the year.

I, the undersigned, \_\_\_\_\_, \_\_\_\_\_  
NAME OF AGENCY EXECUTIVE OFFICER LICENCE NUMBER

executive officer of \_\_\_\_\_, \_\_\_\_\_  
NAME OF AGENCY LICENCE NUMBER

give the authorization to the following person(s) to sign any document pertaining to the OACIQ's Certification Department operations (licence issuance, transfer, cessation of activities, lifting of suspension, broker assignment, and licence modification) for the establishment indicated below:

**Name of authorized person:**

\_\_\_\_\_  
(PLEASE PRINT) LICENCE NUMBER (IF APPLICABLE)

**X** \_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

**Name of authorized person:**

\_\_\_\_\_  
(PLEASE PRINT) LICENCE NUMBER (IF APPLICABLE)

**X** \_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

**Name of authorized person:**

\_\_\_\_\_  
(PLEASE PRINT) LICENCE NUMBER (IF APPLICABLE)

**X** \_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

Main establishment

If other, please indicate the address of the establishment:

\_\_\_\_\_  
NUMBER STREET SUITE  
\_\_\_\_\_  
MUNICIPALITY PROVINCE POSTAL CODE

**SECTION II – WITHDRAWAL OF AUTHORIZATION DURING THE YEAR**

I, the undersigned, \_\_\_\_\_  
NAME OF AGENCY EXECUTIVE OFFICER

\_\_\_\_\_,  
LICENCE NUMBER

executive officer of \_\_\_\_\_  
NAME OF AGENCY

\_\_\_\_\_,  
LICENCE NUMBER

withdraw the authorization that has been granted to the following person(s) to sign any document pertaining to the OACIQ's Certification Department operations (licence issuance, transfer, cessation of activities, lifting of suspension, broker assignment, and licence modification):

**Name of authorized person:**

\_\_\_\_\_  
(PLEASE PRINT)

\_\_\_\_\_  
LICENCE NUMBER (IF APPLICABLE)

**X**

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

**Name of authorized person:**

\_\_\_\_\_  
(PLEASE PRINT)

\_\_\_\_\_  
LICENCE NUMBER (IF APPLICABLE)

**X**

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

## SECTION III – 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 for authorization to sign on behalf of a real estate agency to ensure that your application meets the conditions set forth in the regulations.
- Keeping of the OACIQ Register of licence holders.

Where applicable, your personal information may be used to oversee your practice by OACIQ staff members whose duties so require.

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.**

**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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