



CERTIFICATION DEPARTMENT  
**APPOINTMENT OF AGENCY EXECUTIVE OFFICER**

**IMPORTANT**

See article on the OACIQ's website to ensure that the person to be appointed has the necessary qualifications and training to act as agency executive officer.

**SECTION I – APPOINTMENT OF AGENCY EXECUTIVE OFFICER**

Check the box corresponding to your position in the agency:

Agency executive officer      Majority shareholder      President of the legal person

I, the undersigned, \_\_\_\_\_

LICENCE NUMBER

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

LICENCE NUMBER

hereby appoint as the new executive officer of this agency \_\_\_\_\_  
NAME OF NEW AGENCY EXECUTIVE OFFICER

LICENCE NUMBER

Taking effect on: \_\_\_\_\_  
DAY      MONTH      YEAR

Email address of the new agency executive officer: \_\_\_\_\_

New email address of the agency: \_\_\_\_\_

**SECTION II – CONSENT, DECLARATION AND SIGNATURE**

**1 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.
- Payment of the fee relating to your application to appoint an agency executive officer.
- Processing of your application to be appointed as agency executive officer to ensure that your application meets the conditions set forth in the regulations.
- Criminal record check.
- 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.

To check your criminal record, the OACIQ discloses your personal information to private companies specialized in background checks.

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.**

By signing this document, the new agency executive officer undertakes, as soon as possible, to learn about the OACIQ's expectations from agency executive officers and to ensure that a compliance program is implemented within the agency.

The new agency executive officer acknowledges and understands that following his appointment, he will have 30 days to develop a written compliance program if there is none already implemented within the agency or to adjust the existing one and make a commitment to comply with it. In both cases, the program must meet the requirements of the OACIQ.

For more details, read the [article](#) on the OACIQ's website.

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.**

Signed in \_\_\_\_\_ this 

DAY	MONTH					YEAR

**X**  
\_\_\_\_\_  
SIGNATURE of current agency executive officer, majority shareholder or president of the legal person

**X**  
\_\_\_\_\_  
SIGNATURE of new agency executive officer

### SECTION III – PAYMENT OF FEES

Please fill out the payment form.

To determine **applicable fees**, please visit the OACIQ's website.

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)