AUTORITÉ DES MARCHÉS PUBLICS | TRANSPARENCE ÉQUITÉ SAINE CONCURRENCE

ANNUAL ENTERPRISE UPDATE

1. Enterprise identification

Full name of the enterprise

AMP client number

2. Declaration

You can attach supporting documents to your application.

2.1 Do you have any changes to make to your enterprise's business relationships?
For example: addition of a director, change of an officer's residential address, withdrawal of a shareholder or associate, change of respondent, etc.

☐ Yes ☐ No

If so, please indicate the nature of the changes:

2.2 In the past five years, has the enterprise been the subject of an ordinance of the Ministère de l'Environnement, de la Lutte contre les changements climatiques, de la Faune et des Parcs under a law of which it is responsible for the application?

☐ Yes ☐ No

If so, please provide documentation for each prescription.

2.3 Do you have any other information or change you want to disclose to the AMP?
For example: change of the enterprise's name, merger, information about offenses, etc.

☐ Yes ☐ No

If so, please provide details:

Full name of the respondent | Signature | Date (yyyy/mm/dd)

3. Collect and use of personal information

The personal information included in this application is collected on behalf of the AMP under the *Act respecting contracting by public bodies* (ACPB) and its regulations and is confidential under the *Act respecting access to documents held by public bodies and the protection of personal information* (chapter A-2.1).

The information collected is necessary for the application of the ACPB and its regulations. It will be used to carry out the verifications provided for in Chapter V.1 of the ACPB before granting the requested authorization and at any time during the validity of the authorization.

It is mandatory to fully complete the application and provide the requested information. If the application is incomplete or the signatory refuses to provide the requested information, the AMP may reject the application.

4. Signature

- I declare having read and understood the questions and statements in this form and that all information set out in this form is true and complete.
- I authorize the AMP to transmit the information obtained to its partners so that they can carry out the necessary verifications to enable the AMP to examine the integrity of the enterprise concerned by this declaration, all in application of the ACPB.
- For the purposes of this declaration, I consent to the AMP sharing the results of its verifications or those of its partners with the enterprise or its respondent, including any information concerning the individual or the enterprise concerned by this declaration that affects the integrity of the enterprise.
- I understand that under sections 27.5 and 27.13 of the ACPB, anyone who helps a person to make a false or misleading statement to the AMP so that the enterprise may obtain, renew or keep an authorization is guilty of an offence and liable to a fine.

Before signing, please check the information entered so far, as you will not be able to change it afterwards.

Full name of the respondent	Signature	Date (yyyy/mm/dd)

5. Additional consent (foreign entreprises)

In the case of an enterprise that is not constituted under the laws of Québec and does not have its head office or an establishment in Québec where it primarily conducts its activities, the following consent is required:

- I agree that the AMP and its partners may disclose the informations provided herein outside Québec to any local police force or local source of information as well as to the local fiscal authorities mentioned in section 5 of the *Regulation respecting certain conditions governing the application of Chapter V.1 of the Act respecting contracting by public bodies with respect to the integrity of enterprises*, and that they receive all information necessary for the audits. The location of the enterprise and the persons concerned is the Canadian province or territory or other jurisdiction where the enterprise primarily conducts its activities or, in the case of a natural person, where he or she is domiciled.

Full name of the respondent	Signature	Date (yyyy/mm/dd)

6. Payment of required fee

The required fee is **$203**. This fee is non-refundable and must be paid before your application can be processed.

Please provide the following information:

Full name of the person to contact for payment

Telephone

Please indicate the payment method:

- ☐ Credit card (recommended)
  - ☐ Visa
  - ☐ Mastercard
  - ☐ American Express
- ☐ Cheque (payable to Autorité des marchés publics)

7. Sending your application form

If you are paying by credit card (recommended)

Send this form and the required documents by e-mail: autorisation@amp.quebec
We will contact the person identified in section 6 for payment.

If you are paying by cheque

Send this form, the required documents and your cheque to the following address:

Autorité des marchés publics
525, boul. René Lévesque Est, 1er étage, bureau 1.25
Québec (Québec) G1R 5S9

For any question: 1 888 335-5550