AUTORITÉ DES MARCHÉS PUBLICS | TRANSPARENCE ÉQUITÉ SAINE CONCURRENCE

APPLICATION FOR AUTHORIZATION TO CONTRACT

1. Enterprise identification

1.1 FULL NAME

Please state the full name of the enterprise applying for authorization to contract.
If it is a sole proprietorship, please state your first and last names.

Full name of the enterprise

1.2 OTHER NAMES

If the enterprise has used other business names in the last five years, please state them here, specifying whether or not they are still in use.

1.3 LANGUAGE OF CORRESPONDENCE

☐ French ☐ English

1.4 ADDRESS

No. | Street | Suite

City | Province/State

Postal code | Country | Website

Telephone | E-mail

1.5 MAILING ADDRESS

☐ Check this box if the address is the same as in 1.4. If not, please fill in the fields below.

No. | Street | Suite

City | Province/State

Postal code | Country

1.6 LEGAL FORM OF THE ENTERPRISE

Please check one answer only.

☐ Legal person

☐ Partnership

☐ Natural person operating a sole proprietorship

☐ Non-profit organization

Other, please specify:

1.7 NUMBER OF SHAREHOLDERS OR PARTNERS

Please state the total number of shareholders (voting shares) or partners of the enterprise.

1.8 SECTOR OF ACTIVITY

Indicate the sector(s) in which the enterprise operates.

1.9 ADDITIONAL INFORMATION (IF APPLICABLE)

Québec enterprise number (NEQ):

Revenu Québec attestation number:

Régie du bâtiment du Québec (RBQ) licence number:

2. Information about the call for tenders (if applicable)

Are you submitting this request for authorization in order to bid on a call for tenders?

☐ Yes ☐ No

If so, please provide the following informations.

Title of call for tenders:

Call for tenders reference number:

Deadline for submitting bids:

If the enterprise is part of a consortium, please state its name:

3. Information about the respondent

The enterprise wishing to obtain an authorization to contract must appoint a natural person to act as respondent. This person must hold one of the functions listed in section 3.2.

3.1 IDENTITY OF THE RESPONDENT

☐ Mrs. ☐ Mr.

Last name(s)

First name(s)

Date of birth (yyyy/mm/dd)

3.2 FUNCTION(S) WITHIN THE ENTERPRISE

You can check more than one answer.

☐ Natural person operating the enterprise as a sole proprietorship

☐ Director

☐ Officer

☐ Shareholder

☐ Partner

3.3 HOME ADDRESS

No. Street Suite

City Province/State

Postal code Country

Telephone E-mail

4. Declaration of the enterprise

4.1 In the past five years, has the enterprise been prosecuted for or found guilty of an offence listed in Schedule I of the *Act respecting contracting by public bodies*?

☐ Yes ☐ No

4.2 In the past five years, has the enterprise been prosecuted for or found guilty of any other criminal or penal offence committed in the course of its business?

☐ Yes ☐ No

4.3 In the past five years, has the enterprise been found guilty by a foreign court of an offence which, if committed in Canada, could have resulted in criminal or penal proceedings for an offence listed in Schedule I of the *Act respecting contracting by public bodies*?

☐ Yes ☐ No

If you answered Yes to questions 4.1, 4.2 or 4.3, for each offence, please attach to your application the documents indicating:

- The name of the law that has been broken and the section concerned
- The court file number
- The facts and circumstances surrounding the offence

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

4.4 In the past two years, has the enterprise been ordered to suspend work by a decision enforceable under section 7.8 of the *Act respecting labour relations, vocational training and workforce management in the construction industry*?

☐ Yes ☐ No

If you answered Yes to question 4.4, please attach to your application the documents indicating:

- Details of the sentence
- Expiry date of the interdiction to enter into a public contract
- If a judge has suspended the interdiction, details of the suspension

4.5 In the past two years, has the enterprise been ordered by a final judgment to pay a claim made under subparagraph (c.2) of the first paragraph of section 81 of the *Act respecting labour relations, vocational training and workforce management in the construction industry*?

☐ Yes ☐ No

If you answered Yes to question 4.5, please attach to your application a copy of the final judgment.

4.6 Is there any information you would like to provide which could be of interest to the AMP in connection with this application?

☐ Yes ☐ No

If you answered Yes to question 4.6, please attach supporting documents to your application.

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

5. 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.

6. 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)

7. 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)

8. Payment of required fee

The required fee is **$539** per application. 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)

9. Additional documents to be provided

Please attach the following documents to this form, duly completed and signed.

- **The audited financial statements for the latest fiscal year of the enterprise or at least a review engagement report on the financial statements for the latest fiscal year (notices to reader and compilation engagements will not be accepted).**
- An organization chart outlining the structure of the enterprise and including, if applicable, the names of its subsidiaries and parent enterprises and any subsidiaries of the parent enterprises (please indicate the relationship between the enterprises).
- A tax attestation or equivalent document from the enterprise's country or province of origin stating that it is not in default of having filed the declarations (taxes, income taxes, etc.) required under fiscal laws and that it has no overdue accounts payable to the authorities in place.
- If applicable, an attestation from Revenu Québec, issued not more than 30 days before the date on which the application is submitted.
- A letter signed by the respondent or an officer of the enterprise stating that, over the past five years, the enterprise has not been:
  - Prosecuted for or convicted of an offence under or similar to those under Schedule 1 of the *Act respecting contracting by public bodies* (ACPB), in Canada or abroad.
  - Prosecuted for or convicted of any criminal or penal offence in the course of its business, in Canada or abroad.
- The existing governance and control measures within the enterprise (code of ethics, governance committee, training program, expense reimbursement policy, etc.), if any.

10. 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 8 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