

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 application.
- ▶ I declare that all information set out in this application 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 the authorization renewal application, all in application of the ACPB.
- ▶ I understand that any false or misleading statement constitutes an offence under section 27.5 of the ACPB.



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 enterprises)

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, 1^{er} étage, bureau 1.25
Québec (Québec) G1R 5S9

For any question: 1 888 335-5550