

AUTORITÉ TRANSPARENCE DES MARCHÉS ÉQUITÉ PUBLICS SAINE CONCURRENCE

Public contracts

Non-renewal of authorization to enter into a public contract/subcontract

To help you fill out this form, a Companion Guide is available on the *Autorité des marches publics* (the "**AMP**") website, at <u>www.amp.quebec</u>.

Part 1 – General information

1.1 Type of application

I do not wish to renew my authorization to enter into a public contract/subcontract.

Please note that your application for non-renewal will be processed by the AMP immediately. However, your authorization will remain valid until the date it expires.

Part 2 – Identity and contact information of the applicant

2.1 Client number (AMP)

Please state the client number assigned to your enterprise by the AMP (10 numbers):

2.2 Full name

Please state the full name and NEQ of the enterprise as they appear in the register maintained by the Registraire des entreprises du Québec (Québec enterprise registrar). If it is a sole proprietorship, please state your last name(s) and first name(s).

Name of the applicant

NEQ (if applicable)

2.3 Language of correspondence

- French
- English



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2.4 Address of head office¹

No.	Street		Suite
City			Province/State
Postal code	Country	Website (optional)	
Main telephone		Fax	

2.5 Mailing address

□ Check this box if the mailing address is the same as the head office address. If not, please provide the mailing address:

No.	Street		Suite
City			Province/State
Postal code	Country	Website (optional)	
Main telephone		Fax	

¹ A post office box is not an acceptable address for the head office.



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TRANSPARENCE Équité Saine concurrence

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Part 3 – 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 acknowledge that the AMP will send the Associate Commissioner for Audits appointed under section 8 of the *Anti-Corruption Act* (c. L-6.1) the information obtained so that the Associate Commissioner may conduct the audits he considers necessary in order to provide the AMP with an advisory opinion on the enterprise concerned by the application for authorization, the whole pursuant to *An Act respecting contracting by public bodies* (the "**ACPB**") (c. C-65.1; 2012, c. 25).

I understand that any false or misleading statement constitutes an offence under section 27.5 of the ACPB.

Name of respondent Date (mm/dd/yyyy) Signature

Should the enterprise withdraw this application at any stage in the process, the AMP will notify the *Secrétariat du Conseil du trésor* and the public bodies concerned.

Partie 4 – Sending the form

Please mail this form to the following address: <u>directionlcop@amp.quebec</u>.

For any questions regarding this form, please contact the AMP Information Centre at 1 888 335-5550.