

Non-renewal of authorization to contract

Even if we receive your non-renewal request in advance, your authorization to contract will be valid until its expiry date.

1. Company identification

Full name of company

Client number

2. 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 the respondent

Signature

Date (mm/dd/yyyy)

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.

3. Transmission

Please mail this form to the following address: directionlcp@amp.quebec.

For any questions regarding this form, please contact us at 1 888 335-5550.