

Renewal of an authorization to contract

1. Company identification

Full name of company

Client number

2. Declaration

1. Do you have any changes to make to your company's business relationships? For example: add a director, change of postal or email addresses of a natural person or an entity, change in ownership or control of the enterprise, change of respondent, etc. If so, consult the *Companion guide to manage business relationships function* and disclose your business relationships using the required forms. Yes ☐ No ☐

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 details below:

3. Do you have any other information or change you want to disclose to the AMP? For example: change of the enterprise's name, a merger, information about offenses, etc. Yes ☐ No ☐
If so, please provide details below:

Name of the respondent

Signature

Date (mm/dd/yyyy)

3. Collection and Use of Personal Information

The personal information included in the authorization renewal 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 signer 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 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* (c. C-65.1; 2012, c. 25) (the "ACPB").

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.

5. Additional consent

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 Associate Commissioner for Audits may communicate the information provided herein 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, and 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.

Name of respondent

Signature

Date (mm/dd/yyyy)

6. Transmission

Once you've completed your form, e-mail it back to the member of our team who sent it to you.