

INFORMATION ON OFFENCES

IMPORTANT : Each individual or enterprise concerned by an offence must complete their own form.

1. Information about the individual making this declaration

Full name

If the offences concern you as an individual, go directly to section 3.

2. Information on the enterprise prosecuted or found guilty of an offence

Full name of the enterprise

Québec enterprise number (NEQ, if applicable)

Address

N°

Street

Suite

City

Province/State

Postal code Country

Telephone

E-mail

Positions held by the individual within the enterprise concerned

Description of duties and period (start date and end date)

3. Details of offences

Offence 1

Article and name of the law that was violated:

Court file number

If there was a conviction, was a pardon granted?

Yes No

Details of the offence or charge:

Offence 2 (if applicable)

Article and name of the law that was violated:

Court file number

If there was a conviction, was a pardon granted?

Yes No

Details of the offence or charge:

Offence 3 (if applicable)

Article and name of the law that was violated:

Court file number

If there was a conviction, was a pardon granted?

Yes No

Details of the offence or charge:

Full name

Signature

Date (yyyy/mm/dd)

4. 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.

Within the AMP, only authorized staff members may access the personal information in the performance of their duties. The person to whom personal information held by the AMP relates may access the information and have it corrected in accordance with the *Act respecting access to documents held by public bodies and the protection of personal information*.

5. Signature

- ▶ I declare having read and understood the questions and statements in this declaration.
- ▶ I declare that all information set out in this declaration 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.
- ▶ I understand that any false or misleading statement constitutes an offence under section 27.5 of the ACPB.

Full name

Signature

Date (yyyy/mm/dd)

6. Additional consent (foreign entity or individual not domiciled in Quebec)

In the case of an entity 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 or, in the case of an individual, if he or she is not domiciled in Québec, the following consent is required:

- ▶ I agree that the AMP and its partners communicate outside Québec 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 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 entity and the persons concerned is the Canadian province or territory or other jurisdiction where the entity primarily conducts its activities or, in the case of a natural person, where he or she is domiciled.

Full name

Signature

Date (yyyy/mm/dd)

For any question: 1-888-335-5550