

# MORTGAGE BROKERAGE QUALIFICATION PROGRAM

## COMPULSORY PROFESSIONAL DEVELOPMENT

### APPLICATION TO ADD OR REMOVE A TRAINER

- Add a trainer  
 Remove a trainer

The recognition agreement referred to in the Regulation respecting the compulsory professional development of mortgage brokers and the Guide for professional development activity providers state that recognized training providers must inform the Autorité des marchés financiers (AMF) if they add or remove a trainer for a given training activity. Training providers must obtain the AMF's authorization before allowing a trainer, lecturer or speaker to deliver a training activity.

The application to add or remove a trainer will be processed free of charge.

#### PART 1 – INFORMATION ABOUT THE TRAINING PROVIDER (in block letters)

##### IDENTIFICATION OF THE TRAINING PROVIDER

Client No. (10 digits)							
Name of training provider							
<b>CONTACT INFORMATION</b>							
Civic No.		Street				Suite	
City			Province			Postal code	
Telephone (residence)				Telephone (business)		Ext.	
Cell phone			E-mail				

#### PART 2 – INFORMATION ABOUT THE PROFESSIONAL DEVELOPMENT ACTIVITY

Professional development activity code: \_\_\_\_\_

Title of professional development activity for which you wish to add one or more trainers:

\_\_\_\_\_

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**Note**

*Verify the trainer's criminal, disciplinary, bankruptcy and credit records. You must attach the trainer's curriculum vitae. If you are removing a trainer, please indicate the reason.*

PART 3 – INFORMATION ABOUT TRAINER 1 (in block letters)							
IDENTIFICATION OF TRAINER 1							
Client No. (10 digits)							
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name				Last name		
Date of birth: ____ / ____ / ____ day   month   year				Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>			
CONTACT INFORMATION							
Civic No.		Street				Suite	
City				Province			Postal code
Telephone (residence)				Telephone (business)		Ext.	
Cell phone				E-mail address			
Add <input type="checkbox"/> Remove <input type="checkbox"/>							
Reason							

PART 4 – INFORMATION ABOUT TRAINER 2, IF APPLICABLE							
IDENTIFICATION OF TRAINER 2							
Client No. (10 digits)							
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name				Last name		
Date of birth: ____ / ____ / ____ day   month   year				Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>			

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CONTACT INFORMATION					
Civic No.		Street		Suite	
City		Province		Postal code	
Telephone (residence)		Telephone (business)		Ext.	
Cell phone		E-mail			
Add <input type="checkbox"/> Remove <input type="checkbox"/>					
Reason					

**Note**

*Verify the trainer's criminal and disciplinary history as well as his or her bankruptcy and credit records. You must attach the trainer's curriculum vitae. If you are removing a trainer, please indicate the reason.*

PART 5 – INFORMATION ABOUT TRAINER 3, IF APPLICABLE (in block letters)					
IDENTIFICATION OF TRAINER 3					
Client No. (10 digits)					
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name		Last name		
Date of birth: ____ / ____ / ____ day   month   year			Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>		
CONTACT INFORMATION					
Civic No.		Street		Suite	
City		Province		Postal code	
Telephone (residence)		Telephone (business)		Ext.	
Cell phone		E-mail address			
Add <input type="checkbox"/> Remove <input type="checkbox"/>					
Reason					
PART 6 – INFORMATION ABOUT TRAINER 4, IF APPLICABLE (in block letters)					
IDENTIFICATION OF TRAINER 4					
Client No. (10 digits)					
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name		Last name		
Date of birth: ____ / ____ / ____ day   month   year			Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>		

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CONTACT INFORMATION							
Civic No.		Street		Suite			
City			Province			Postal code	
Telephone (residence)			Telephone (business)			Ext.	
Cell phone			E-mail address				
Add <input type="checkbox"/> Remove <input type="checkbox"/>							
Reason							

#### Note

*Verify the trainer's criminal, disciplinary, bankruptcy and credit records. You must attach the trainer's curriculum vitae. If you are removing a trainer, please indicate the reason.*

PART 7 – INFORMATION ABOUT TRAINER 5, IF APPLICABLE (in block letters)							
IDENTIFICATION OF TRAINER 5							
Client No. (10 digits)							
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name				Last name		
Date of birth: ____ / ____ / ____ day   month   year				Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>			
CONTACT INFORMATION							
Civic No.		Street				Suite	
City			Province			Postal code	
Telephone (residence)			Telephone (business)			Ext.	
Cell phone No.			E-mail address				
Add <input type="checkbox"/> Remove <input type="checkbox"/>							
Reason							

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### APPLICATION TO ADD OR REMOVE A TRAINER

Add a trainer

Remove a trainer

PART 8 – INFORMATION ABOUT TRAINER 6, IF APPLICABLE (in block letters)									
IDENTIFICATION OF TRAINER 6									
Client No. (10 digits)									
Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	First name				Last name			
Date of birth: ____ / ____ / ____ day    month   year				Language of correspondence: French <input type="checkbox"/>				English <input type="checkbox"/>	
CONTACT INFORMATION									
Civic No.			Street				Suite		
City				Province			Postal code		
Telephone (residence)				Telephone (business)				Ext.	
Cell phone				E-mail					
Add <input type="checkbox"/>								Remove <input type="checkbox"/>	
Reason									

## PART 9 – DECLARATION

### Important

*The program administrator must complete this part.*

I declare as follows:

- The criminal, disciplinary and bankruptcy records and credit history of each trainer covered by this application have been checked.  Yes  No
- A trainer has pleaded guilty to or has been convicted by a court inside or outside Canada of a criminal act or an offence, has been the defendant in civil proceedings related to his or her activities as a representative, or has been the subject of a disciplinary sanction imposed by a discipline committee. (You do not need to answer **yes** to this question if the trainer was found not guilty or the charges were withdrawn.)  Yes  No
  - ➔ If you answered **yes**, please attach the particulars to your application.
- A trainer is in default of paying outstanding fines, costs or interest imposed by a discipline committee or by the Court of Québec sitting in appeal of a decision issued by such a committee or is in default of  Yes  No

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Remove a trainer

paying fines related to the commission of an offence under any of the following: the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, the former *An Act respecting market intermediaries*, CQLR, c. I-15.1, the former version of the *Real Estate Brokerage Act*, CQLR, c. C-73.1, the *Real Estate Brokerage Act*, CQLR, c. C-73.1, the *Securities Act*, CQLR, c. V-1.1, or the Professional Code, CQLR, c. C-26.

➔ If you answered **yes**, please attach the particulars to your application.

4. A trainer's certificate or right to transact business has been cancelled or suspended, or restrictions or conditions have been imposed on it, or the trainer has previously been barred, by a discipline committee or a body in Québec or in another province or state that is responsible for supervising and monitoring persons acting as representatives in a sector or sector class governed by the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, or in a category governed by the *Securities Act*, CQLR, c. V-1.1.  Yes  No

➔ Decision No.: \_\_\_\_\_ Date: \_\_\_\_\_

Name of decision-maker: \_\_\_\_\_ Sector/sector class/category: \_\_\_\_\_  
\_\_\_\_\_

5. A trainer has filed for bankruptcy, made an assignment of property or been placed under a receiving order pursuant to the *Bankruptcy and Insolvency Act*, R.S.C., 1985, c. B-3.  Yes  No

➔ If you answered **yes**, please attach the particulars to your application.

6. A trainer has been assigned a tutor, curator or adviser.  Yes  No

➔ If you answered **yes**, please attach the particulars to your application.

7. A trainer was previously a director, executive officer or partner of a firm or independent partnership whose registration was cancelled pursuant to the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2.  Yes  No

➔ If you answered **yes**, please attach the particulars to your application.

8. The trainers whose names appear in this application have the qualifications and competencies required to deliver the professional development activity.  Yes  No

