

- APPLICATION FOR AUTHORIZATION OF PROBATIONARY PERIOD
- CHANGE IN SUPERVISOR
- EXTENSION OF PROBATIONARY CERTIFICATE

Life Licence Qualification program (LLQP)

APPLICANTS OUTSIDE QUEBEC

This form allows applicants from a province or territory of Canada to submit an application for authorization of probationary period, a supervisor change request or a request for extension of the probationary certificate for the insurance of persons sector, group insurance of persons sector and their sector class.

Important information for employers, candidates and supervisors

Employers, candidates and supervisors who **do not have access to this service must each complete the paper form.**

- A candidate must successfully complete the probationary period in order to obtain an insurance representative's certificate. During the probationary period, the trainee must complete at least 28 hours of work per week, over six or 12 weeks, depending on the sector class or sector.
- A candidate must have a valid probationary certificate before taking any action related to practice as a trainee. This probationary certificate is mandatory and gives the trainee the right to legally carry out activities throughout the probationary period. It is an official document indicating the dates on which the probationary period starts and ends. These dates must be respected. Any activities carried out without AMF authorization will be considered illegal practice and subject to sanctions.
- The candidate will be listed as a trainee in the AMF's public register for the entire period that his probationary certificate is valid. This register, available on the AMF website, confirms to consumers that the trainee is authorized to pursue activities as a trainee. If the validity period of the probationary certificate is extended or shortened, the information in the public register will be updated automatically.
- To obtain a probationary certificate, the candidate must have passed each of the examinations prescribed for the selected sector or sector class and the examinations must be valid.
- During the entire time that the probationary period is valid, the trainee must notify the AMF of any change to the information or to a document furnished to the AMF within five days of the change. The probationary period is interrupted if the holder of a probationary certificate is in any of the following situations: He is no longer under the supervision of an authorized person or he is unable to continue with the probationary period due to disability, in particular as the result of a preventive withdrawal, because he is on parental leave or where warranted by exceptional circumstances. In all other situations, the probationary period is considered to be discontinued.
- When the probationary period has been completed, the candidate will retain his trainee status for a period of 45 days from the date on which the probationary period ends, provided that he sends the AMF an application for a representative's certificate within 30 days of the end of the probationary period.
- Whether the trainee has been supervised by one or two supervisors, the application for supervisor's recommendation related to representative's certificate must be completed by only one supervisor.

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APPLICANTS OUTSIDE QUEBEC

PART 3 – DOCUMENTS TO PROVIDE

With your request, you must submit the following documents:

- Registration number to the Canadian Insurance Participant Registry : _____
- Copy of the permit issued by the competent authority confirming your right to practice (or confirming that you have a certificate) in force or expired less than a year
- Official document confirming the success of the Ethics and professional practice exam (01-111) issued by the regulator or its authorized agent
- Valid proof of Canadian identity
 - Canadian citizenship card or certificate;
 - Permanent Resident Card;
 - Birth certificate issued in Canada;
 - Canadian passport;
 - Record of Landing;
 - Canadian work permit.

PART 4 – CHOICE OF PROBATIONARY PERIOD FOR A SECTOR OR A SECTOR CLASS

You must indicate the sector or sector class in which the candidate will carry out a probationary period. A probationary period undertaken for a sector lasts 12 weeks. A probationary period takes place on the basis of at least 28 hours a week and is divided into two parts lasting 6 weeks each, except for the insurance of persons sector. These two parts correspond to the 2 sector classes that make up each sector. The trainee must follow this sequence in order to earn a representative's certificate in the entire sector chosen.

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Life Licence Qualification program (LLQP)

APPLICANTS OUTSIDE QUEBEC

Sector or sector class	Start date requested
<input type="checkbox"/> Insurance of persons (12 weeks)	____/____/____ year month day
<input type="checkbox"/> Accident and sickness insurance (6 weeks)	____/____/____ year month day
<input type="checkbox"/> Group insurance plans (6 weeks)	____/____/____ year month day
<input type="checkbox"/> Group annuity plans (6 weeks)	____/____/____ year month day

PART 5 – CHOICE OF VACATION PERIOD (if applicable)

The trainee must have received his probationary certificate before starting his probationary period.

Important

If applicable, identify the vacation period(s) the candidate expects to take. A candidate is entitled to a vacation period of not more than seven days if completing a probationary period for a sector class. The candidate is entitled to two vacation periods totalling not more than 14 days if completing a probationary period for a sector. If no vacation period is indicated and the candidate takes vacation during the probationary period, his probationary certificate will be revoked.

Does the candidate expect to take vacation during the probationary period? Yes No

- If yes, start date of vacation for a sector class (one period):

From : ____/____/____ To : ____/____/____
year month day year month day

Start date of vacation for a **sector** (maximum of two one-week periods)

Start date of week 1 :

From : ____/____/____ To : ____/____/____
year month day year month day

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- EXTENSION OF PROBATIONARY CERTIFICATE

Life Licence Qualification program (LLQP)

APPLICANTS OUTSIDE QUEBEC

Start date of week 2 :

From : ____ / ____ / ____
 year month day

To : ____ / ____ / ____
 year month day

PART 6 – STATEMENT OF APPLICANT

Important

The candidate must complete this part.

1. Will you be carrying out activities (remunerated or not) in a field other than that which is related to your practice as a representative during the time that you hold a probationary certificate or a representative's certificate? - You may answer "no" to this question if your other activity is related to a right to practise issued by the AMF or a mortgage broker licence issued by the Organisme d'autoréglementation du courtage immobilier du Québec (OACIQ). Yes No

➔ If you answered yes, please complete and submit the *Dual Employment form*.

2. Are you a member of a professional order? Yes No

➔ Which one? _____ What is your member number? _____

- ➔ Do you carry out activities related to this profession? Yes No

3. Since your last statement, have you pleaded guilty or been convicted of an offence or a criminal act by a Canadian or foreign court, have you been the subject of a civil suit related to your activities as a representative or has a disciplinary sanction been taken against you by a disciplinary committee? - You do not need to answer "yes" to this question if you were found not guilty or if the charges against you were withdrawn. Yes No

➔ If you answered yes, please complete and submit the *Statement of Guilt form*.

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APPLICANTS OUTSIDE QUEBEC

4. Are you in default of paying any outstanding fines, costs or interest imposed by a disciplinary committee or by the Court of Québec sitting in appeal of a decision of such a committee under any of the following: *An 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 *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? Yes No

➔ If you answered yes, please attach details to your application.

5. Since your last statement, has your certificate or right to practise been suspended, cancelled, revoked or subject to any restrictions or conditions, or have you been the subject of a disciplinary sanction imposed by a disciplinary committee or by a body in Québec or in another province or jurisdiction that is responsible for supervising and monitoring persons acting as representatives in a sector or sector class governed by *An Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, or a category governed by the *Securities Act*, CQLR, c. V-1.1? Yes No

➔ Decision number: _____ Date: _____

Name of decision maker: _____ Sector/sector class/category: _____

6. Since your last statement, have you filed for bankruptcy, made an assignment of your 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 complete and submit the *Statement of Bankruptcy* form.

7. Has a tutor, curator or adviser been appointed to you? (Protective supervision is a mechanism provided for by law to protect persons who are found to be incapable. A supervisor is not considered a tutor, curator or adviser.) Yes No

➔ If you answered yes, please attach details to your application.

8. Since your last statement, have you been a director, officer or partner of a firm or independent partnership whose registration was cancelled under *An Act respecting the distribution of financial products and services*, CQLR, c. D-9.2? Yes No

➔ If you answered yes, please attach details to your application.

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Life Licence Qualification program (LLQP)

APPLICANTS OUTSIDE QUEBEC

PART 7.1 – SUPERVISOR 1							
IDENTIFICATION OF SUPERVISOR 1 (MANDATORY)							
Ms. <input type="checkbox"/>	First name			Last name			
Mr. <input type="checkbox"/>							
Client No. (10 digits)				Certificate No (6 digits)			
Supervised sector or sector class							
Employer's name				Registration No			
MAILING ADDRESS							
Civic No.	Street		Suite				
City	Province		Postal code				
Telephone (business)	Ext.		Cell phone				
Fax	E-mail						

Vacation dates: From: ____ / ____ / ____ to ____ / ____ / ____
year month day year month day

STATEMENT OF SUPERVISOR 1

1. In the five years preceding the candidate's application, were you the subject of a disciplinary sanction imposed by a disciplinary committee established under *An Act respecting the distribution of financial products and services*, or the Court of Québec sitting in appeal of a decision issued by such a committee? Yes No

➔ If you answered yes, please specify the type of sanction and the issuing committee, as well as the decision number, if any.

Decision No: _____

2. In the five years preceding the candidate's application, were you struck off the roll by a disciplinary committee of a professional order? Yes No

➔ If you answered yes please provide details and the decision number, if any.

Decision No. _____

- APPLICATION FOR AUTHORIZATION OF PROBATIONARY PERIOD
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Life Licence Qualification program (LLQP)

APPLICANTS OUTSIDE QUEBEC

3. Does your certificate carry conditions or restrictions imposed under section 218, 219 or 220 of *An Act respecting the distribution of financial products and services* affecting your ability to act as a supervisor? Yes No

➔ If you answered yes, please provide details.

I, the undersigned, _____ intend to supervise _____
Last and first name of supervisor Last and first name of candidate

for the duration of the probationary period and declare that the information provided in this form is accurate. I agree to inform the *Autorité des marchés financiers* of any change thereto within five days of such change and to meet the requirements to pursue activities as a representative.

 Signature of supervisor 1 Date: ____ / ____ / ____
year month day

PART 7.2 – SUPERVISOR 2							
IDENTIFICATION OF SUPERVISOR 2							
Ms. <input type="checkbox"/>	First name		Last name				
Mr. <input type="checkbox"/>							
Client No (10 digits)			Certificate No (6 digits)				
Supervised sector or sector class							
Employer's name					Registration No		
MAILING ADDRESS							
Civic No.		Street				Suite	
City			Province			Postal code	
Telephone (business)			Ext.		Cell phone		
Fax			E-mail				

Vacation dates: From: ____ / ____ / ____ to ____ / ____ / ____
year month day year month day

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- EXTENSION OF PROBATIONARY CERTIFICATE

Life Licence Qualification program (LLQP)

APPLICANTS OUTSIDE QUEBEC

STATEMENT OF SUPERVISOR 2

1. In the five years preceding the candidate's application, were you the subject of a disciplinary sanction imposed by a disciplinary committee established under *An Act respecting the distribution of financial products and services*, or the Court of Québec sitting in appeal of a decision issued by such a committee? Yes No

► If you answered yes, please specify the type of sanction and the issuing committee, as well as the decision number, if any.

Decision No.: _____

2. In the five years preceding the candidate's application, were you struck off the roll by a disciplinary committee of a professional order? Yes No

► If you answered yes please provide details and the decision number, if any.

Decision No.: _____

3. Does your certificate carry conditions or restrictions imposed under section 218, 219 or 220 of *An Act respecting the distribution of financial products and services* affecting your ability to act as a supervisor? Yes No

► If you answered yes, please provide details.

I, the undersigned, _____ intend to supervise _____
Last and first name of supervisor Last and first name of candidate

for the duration of the probationary period and declare that the information provided in this form is accurate. I agree to inform the *Autorité des marchés financiers* of any change thereto within five days of such change and to meet the requirements to pursue activities as a representative.

Signature of supervisor 2

Date: ____ / ____ / ____
year month day

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- CHANGE IN SUPERVISOR
- EXTENSION OF PROBATIONARY CERTIFICATE

Life Licence Qualification program (LLQP)

APPLICANTS OUTSIDE QUEBEC

PART 7.3 – REPLACEMENT SUPERVISOR 1							
IDENTIFICATION OF REPLACEMENT SUPERVISOR 1							
Ms. <input type="checkbox"/>	First name			Last name			
Mr. <input type="checkbox"/>							
Client No (10 digits)				Certificate No (6 digits)			
Supervised sector or sector class							
Employer's name				Registration No			
MAILING ADDRESS							
Civic No.	Street		Suite				
City	Province		Postal code				
Telephone (business)	Ext.		Cell phone				
Fax	E-mail						

STATEMENT OF REPLACEMENT SUPERVISOR 1

1. In the five years preceding the candidate's application, were you the subject of a disciplinary sanction imposed by a disciplinary committee established under *An Act respecting the distribution of financial products and services*, or the Court of Québec sitting in appeal of a decision issued by such a committee? Yes No
- ➔ If you answered yes, please specify the type of sanction and identify the issuing committee, as well as the decision number, if any.
- Decision No.: _____
2. In the five years preceding the candidate's application, were you struck off the roll by a disciplinary committee of a professional order? Yes No
- ➔ If you answered yes please provide details and the decision number, if any.
- Decision No.: _____

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- CHANGE IN SUPERVISOR
- EXTENSION OF PROBATIONARY CERTIFICATE

Life Licence Qualification program (LLQP)

APPLICANTS OUTSIDE QUEBEC

3. Does your certificate carry conditions or restrictions imposed under section 218, 219 or 220 of *An Act respecting the distribution of financial products and services* affecting your ability to act as a supervisor? Yes No

➔ If you answered yes, please provide details.

I, the undersigned, _____ intend to supervise _____
Last and first name of supervisor Last and first name of candidate

for the duration of the probationary period and declare that the information provided in this form is accurate. I agree to inform the *Autorité des marchés financiers* of any change thereto within five days of such change and to meet the requirements to pursue activities as a representative.

 Signature of replacement supervisor 1 Date: ____/____/____
year month day

PART 7.4 – REPLACEMENT SUPERVISOR 2							
IDENTIFICATION OF REPLACEMENT SUPERVISOR 2							
Ms. <input type="checkbox"/>		First name		Last name			
Mr. <input type="checkbox"/>							
Client No (10 digits)				Certificate No (6 digits)			
Supervised sector or sector class							
Employer's name						Registration No	
MAILING ADDRESS							
Civic No.		Street				Suite	
City				Province			Postal code
Telephone (business)				Ext.		Cell phone	
Fax				E-mail			

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- CHANGE IN SUPERVISOR
- EXTENSION OF PROBATIONARY CERTIFICATE

Life Licence Qualification program (LLQP)

APPLICANTS OUTSIDE QUEBEC

STATEMENT OF REPLACEMENT SUPERVISOR 2

1. In the five years preceding the candidate's application, were you the subject of a disciplinary sanction imposed by a disciplinary committee established under *An Act respecting the distribution of financial products and services*, or the Court of Québec sitting in appeal of a decision issued by such a committee? Yes No

- ➔ If you answered yes, please specify the type of sanction and identify the issuing committee, as well as the decision number, if any.

Decision No.: _____

2. In the five years preceding the candidate's application, were you struck off the roll by a disciplinary committee of a professional order? Yes No

- ➔ If you answered yes please provide details and the decision number, if any.

Decision No.: _____

3. Does your certificate carry conditions or restrictions imposed under section 218, 219 or 220 of *An Act respecting the distribution of financial products and services* affecting your ability to act as a supervisor? Yes No

- ➔ If you answered yes, please provide details.

I, the undersigned, _____ intend to supervise _____
Last and first name of supervisor Last and first name of candidate

for the duration of the probationary period and declare that the information provided in this form is accurate. I agree to inform the *Autorité des marchés financiers* of any change thereto within five days of such change and to meet the requirements to pursue activities as a representative.

Signature of replacement supervisor 2

Date: ____ / ____ / ____
year month day

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- EXTENSION OF PROBATIONARY CERTIFICATE

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APPLICANTS OUTSIDE QUEBEC

Interruption of probationary period:

From: ____/____/____
year month day

To: ____/____/____
year month day

Expected date of resumption of probationary period: ____/____/____
year month day

PART 10 – ADD TRAINEE’S VACATION DURING PROBATIONARY PERIOD

Important

Complete only if applicable. Parts 1 to 6 must also be completed, except Part 4.

Two criteria must be met so that a trainee can add vacation days to his probationary period:

- *The application to modify probationary period (paper), together with the required fee, must be sent to the AMF before the start of vacation. This application cannot be submitted via AMF E-Services.*
- *The total duration of the trainee’s vacation days must not exceed the maximum period set out in sections 34 and 35 of the Regulation, i.e., a maximum of one week per sector class.*

Vacation start date for a **sector class** (one period):

From : ____/____/____
year month day

To : ____/____/____
year month day

Vacation start date for a **sector** (maximum of two one-week periods):

Start date of week 1 :

From : ____/____/____
year month day

To : ____/____/____
year month day

Start date of week 2 :

From : ____/____/____
year month day

To : ____/____/____
year month day

Information Centre

Toll-free: 1-877-525-0337
Québec City: 418-525-0337
Montréal: 514-395-0337

dfq_autorisation-periode-probatoire-hors-qc_January 2019

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Please do not delete this page when printing the form.

It has been left blank intentionally, because the page
Part 11 – Fees Payable and Payment must be printed on a
single sheet of paper with no information on the reverse side.

