

- APPLICATION FOR AUTHORIZATION OF PROBATIONARY PERIOD
- CHANGE IN SUPERVISOR
- EXTENSION OF PROBATIONARY CERTIFICATE
- ADD TRAINEE'S VACATION

AMF E-Services

If you prefer to submit your application via our on-line service, please go to our website at www.lautorite.qc.ca/en/e-services.html.

Use this form to submit an application for authorization of probationary period, for a change in supervisor or for an extension of probationary period.

Important information for employers, candidates and supervisors

We recommend that this form be completed via AMF E-Services.

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. An examination is valid for a period of two years beginning on the date the candidate passed the examination.
- 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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PART 3 – 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.

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
<input type="checkbox"/> Personal-lines damage insurance (6 weeks)	____/____/____ year month day
<input type="checkbox"/> Commercial lines damage insurance (6 weeks)	____/____/____ year month day
<input type="checkbox"/> Claims adjustment in personal-lines damage insurance (6 weeks)	____/____/____ year month day
<input type="checkbox"/> Claims adjustment in commercial-lines damage insurance (6 weeks)	____/____/____ year month day

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PART 4 – 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

Start date of week 2 :

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

PART 5 – STATEMENT OF APPLICANT

Important

The candidate must complete this part.

1. Since your last declaration, have you begun to carry out activities (remunerated or not) in a field other than that which is related to your practice as a representative? - 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*.

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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.

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.

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PART 6.1 – 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

- 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: _____
- 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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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 6.2 – 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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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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PART 6.3 – 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		
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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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 6.4 – 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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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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PART 7 – CHANGE IN SUPERVISOR

Important

Complete only if applicable. Parts 1 to 6 must also be completed.

The holder of a probationary certificate may change supervisors during the probationary period without affecting its duration provided that the AMF is informed at least 10 days prior to the proposed change and the new supervisor acts on behalf of the same firm or the same independent partnership, as applicable.

Intended date of change: / /
year day month

Reason for change in supervisor:

New supervisor (must complete Part 6 and Part 6.1):

Ms. Mr.

Last and first name: _____
(in block letters)

Certificate No.: _____

PART 8 – EXTENSION OF PROBATIONARY CERTIFICATE

Important

Complete only if applicable. Parts 1 to 6 must also be completed.

Where the probationary period is interrupted, the holder of a probationary certificate must immediately cease to perform any actions reserved for trainees. He may apply to the AMF for authorization to extend the probationary period for its remaining duration by submitting an application to that effect, along with documentation of the reason for the interruption. The probationary period may not be interrupted for more than 4 weeks.

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Interruption of probationary period:

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

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

PART 9 – 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 : ____/____/____ To : ____/____/____
year month day year month day

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

Start date of week 1 :

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

Start date of week 2 :

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

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PART 10 – FEES PAYABLE AND PAYMENT

CLIENT INFORMATION

Client No. (10 digits)			
Ms. <input type="checkbox"/>	First name	Last name	
Mr. <input type="checkbox"/>			
Name of firm			

**FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2019 TO DECEMBER 31, 2019
(Please note that fees are non-refundable.)**

File study fee: \$69

If paying by credit card, please carry the amount over to the space below marked with an *. If the amount shown is greater than the amount due, we reserve the right to correct this amount and adjust it downwards.

METHOD OF PAYMENT

<input type="checkbox"/> Cheque <input type="checkbox"/> Money order	Please make your payment payable to the order of the Autorité des marchés financiers and date it on the day on which the form is sent.
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	I authorize the AMF to charge the amount of * \$_____ to my credit card. Card No.: _____ / _____ / _____ / _____ Expiry date: ____ / ____ month year _____ Name of cardholder (in block letters) _____ Signature of cardholder
	Date: ____ / ____ / ____ year month day

The AMF only accepts forms sent by **mail**.
No form sent by e-mail or by fax will be accepted.

Send your payment to the following address:

Autorité des marchés financiers
 Place de la Cité, tour Cominar
 2640, boulevard Laurier, bureau 400
 Québec (Québec) G1V 5C1