

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/.

Important

*Make sure you have received authorization to register for your examinations **before** submitting this application.*

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

Important

If your application is incomplete, it will take longer to process. In addition, if you do not submit all missing documents by the specified date, your application for examination registration will be cancelled and any fees you paid will not be refunded.

PART 2 – CHOICE OF EXAMINATIONS

You may write more than one examination on the same day or spread your examinations over multiple available dates. In either case, you will have to pay the registration fees only once, provided you indicate all the scheduled dates for your examinations on this form. Fees are payable for every new registration application you submit.

To register for an exam, consult the exam calendar (and timetable) and indicate the following information in the tables below:

- language and location;
- sequence in which you wish to be registered for the examinations (For example, if you want to write examination 16-611 first, indicate 1 in the “Writing sequence” column beside this examination and 2 beside examination 16-116);

- writing dates and times (you may indicate two choices in order of preference);
- If you have a reservation number, enter it in the space under Location. Also indicate in which language you want to write the exam.

Applications by candidates authorized to act as representatives in another province or territory of Canada

If you are authorized to act as a representative in another Canadian province or territory, you must:

- pass examination **16-116**. it is recommended that you complete the “Ethics and professional practice” course to help you pass the examination.
- complete a 12-week probationary period.

If this condition does not apply to you, you must satisfy all the requirements relating to mortgage brokerage. The qualification requirements can be consulted in the “Becoming a professional” section of the AMF’s website.

REPRESENTATIVES AUTHORIZED TO ACT IN ANOTHER CANADIAN PROVINCE OR TERRITORY			
Examination title	Language	Location	Date and time slot in order of preference
16-116 – Set up an ethical professional practice in compliance with the rules governing mortgage brokerage	French <input type="checkbox"/>	_____	1. ____ / ____ / ____ Time: ____ year month day
	English <input type="checkbox"/>		2. ____ / ____ / ____ Time: ____ year month day

Application for reinstatement

If you surrendered your certificate for more than one year and less than three years and you held a certificate for at least one year, you have to pass only the examination indicated below.

REINSTATEMENT OF CERTIFICATE			
Examination title	Language	Location	Date and time slot in order of preference
16-116 – Set up an ethical professional practice in compliance with the rules governing mortgage brokerage	French <input type="checkbox"/>	_____	1. ____ / ____ / ____ Time: ____ year month day
	English <input type="checkbox"/>		2. ____ / ____ / ____ Time: ____ year month day

Applications by candidates who wish to act as mortgage brokers

If you wish to practise as a mortgage broker, before you submit an application for a probationary period, you must have passed the following examinations and they must be valid:

MORTGAGE BROKERAGE				
Mortgage brokerage	Language	Location	Writing sequence (1 to 2)	Date and time slot in order of preference
16-116 – Set up an ethical professional practice in compliance with the rules governing mortgage brokerage	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
16-611 – Complete a mortgage brokerage transaction suited to the client's situation and needs	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

Applications by representatives in mortgage brokerage who wish to act as responsible officers

If you hold a representative's certificate in the mortgage brokerage sector and wish to act as a responsible officer, a responsible partner or an independent representative, you must pass examination 16-117. You do not need to complete a probationary period.

If you held a mortgage broker licence issued by the OACIQ and you have opted to register as an independent representative or you wish to register your firm as a mortgage brokerage firm in order to act on its behalf, you have until April 30, 2021 to pass the following examination.

RESPONSIBLE OFFICER			
Examination title	Language	Location	Date and time slot in order of preference
16-117 – Set up an ethical professional practice in compliance with the rules governing the management of a mortgage brokerage firm	French <input type="checkbox"/> English <input type="checkbox"/>	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

Examination notice

You will receive a Notice of Examination after the AMF has processed your application and you have paid the required fees. This notice will confirm your examination writing times. Check the location, dates and times on your notice. Due to the limited number of seats in the examination rooms, the AMF may not be able to register you for the dates and times you have chosen.

Application to postpone or cancel examinations

To change the date or time of an examination you are already registered for, use the Application to Postpone or Cancel Examinations form.

PART 3 – DISCLOSURE OF EXAMINATION RESULTS TO A THIRD PARTY	
Use this section to identify a third party to whom you would like your examination results to be disclosed, regardless of whether or not the third party is registered with the AMF. Fees apply for this disclosure.	
Do you want the results of your examinations to be disclosed to a third party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, is this person or firm registered with the AMF?	
<input type="checkbox"/> Yes	AMF client No.: _____ First name: _____ Last name: _____ Name of firm: _____
<input type="checkbox"/> No	First name: _____ Last name: _____ Name of firm: _____ Language of correspondence: <input type="checkbox"/> French <input type="checkbox"/> English

CONTACT INFORMATION OF THIRD PARTY					
Civic No.		Street		Apt.	
City		Province		Postal code	
Telephone (residence)		Telephone (business)		Ext.	
Cell phone		E-mail			

PART 4 – DECLARATION

For the safety of everyone in the exam rooms, I undertake to:

- Not attend an exam session if I have any symptoms of COVID-19. In such an event, I may postpone the exam session at no charge by submitting an Application to Postpone or Cancel Examinations;
- Respect the two-metre distancing rule with everyone around me;
- Wear a mask at all times or until the exam supervisor gives the instruction that the mask may be removed;
- Undergo a forehead temperature check before entering the exam room;
- Answer routine questions about my health when I arrive at the exam room;
- Wash and disinfect my hands before entering the exam room;
- Comply with government advisories regarding interregional travel;
- Read the exam instructions sent with the examination notice. These instructions may be modified to reflect changes in the public health situation and Santé public recommendations. The most up-to-date instructions can be consulted by clicking on the “Examinations” tab in the “Becoming a professional” section of the AMF’s website;
- Arrive 30 minutes before the exam session begins so that I am in the room when specific exam instructions are given.

And I understand that:

- Out of respect for the other candidates, anyone who presents symptoms of COVID-19 during an exam session may be asked to leave the exam room. In such an event, the person will be able to postpone the exam session at no charge by submitting an Application to Postpone or Cancel Examinations;
- A maximum of 25 people can be in the exam room at the same time.

I declare that I have read this statement and I agree with the terms hereof.

I declare that the information provided in this form is accurate and complete. I have attached all supporting documents required to process my application.

_____ Date: _____ / _____ / _____
Signature year month day

Please do not delete this page when printing the form.

It has been left blank intentionally, because the page
Part 5 – Fees Payable and Payment must be printed on a
single sheet of paper with no information on the reverse side.

PART 5 – FEES PAYABLE AND PAYMENT

CLIENT INFORMATION

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

**FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2021 TO DECEMBER 31, 2021
(These fees are non-refundable.)**

Examination registration fee:	<input type="checkbox"/> \$150	<div style="border: 1px solid black; padding: 5px;"> 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. </div>
Disclosure fee:	<input type="checkbox"/> \$25	
Amount due:	\$ _____	

METHOD OF PAYMENT

<input type="checkbox"/> Cheque <input type="checkbox"/> Money order	Please make your payment to the order of the Autorité des marchés financiers and date it on the day you send your form.
<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 <div style="float: right; margin-top: -40px;"> Date: _____ / _____ / _____ year month day </div>

The AMF only accepts forms sent by mail.
Forms sent by e-mail or fax will not be accepted.

Send your payment to:

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