Application for authorization of probationary period

Important information for employers, candidates and supervisors

- During the probationary period, the trainee must complete a maximum of 40 hours of work per week over a maximum of 12 or 24 weeks depending on the sector class or sector.
- The candidate is required to have a valid probationary certificate before starting their probationary period and practising as a trainee. Practising without authorization is illegal and may result in sanctions. Throughout the entire period of validity of the probationary certificate, the candidate will be listed as a trainee in the AMF's public register. Practising without authorization is illegal and may result in sanctions.
- 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.
- If you reach the maximum duration of your probationary period and have not completed the required number of hours owing to a lack of supervision or a disability, the firm will have to submit an *Application to cancel probationary period*. The probationary period may not be extended beyond the maximum duration.
- At the end of the probationary period, the probationary certificate will remain valid for 30 days. If the probationary period is successful, it will be possible to apply for a certificate. If the application is received while your probationary certificate is still valid, the probationary certificate will remain in effect until the AMF makes a decision regarding the issuance of the certificate.

AMF E-Services

Instead of filling out this form, you may now submit your application using our on-line service, please go to our website at http://www.lautorite.qc.ca/.

Part 1 – Employer identification (in block letters)

Employer's name

Client No.
(10 digits)

Registration No.

Mailing address

Civic No. | Street | Suite

Municipality | Province | Postal code

I declare that the information provided herein is accurate. I also confirm that I am keeping a record on the outside activities of the trainee, if applicable, which includes the documents and information enumerated in the *Regulation respecting firms, independent representatives and independent partnerships*, CQLR, D-9.2, r. 2.

Name (in block letters) of responsible officer or authorized signatory

Signature | Date

You are reminded that, in Québec, private enterprises are subject to the obligations set out in the Act respecting the protection of personal information in the private sector, CQLR, c. P-39.1, which is administered by the Commission d'accès à l'information.

Part 2 – Trainee's identification (in block letters)

☐ Ms.
☐ Mr.

First name(s)

Last name(s)

Client No.
(10 digits)

Date of birth

Home address

Civic No. | Street

Municipality | Province | Postal code

Telephone | E-mail

Telephone type: ☐ Residence ☐ Business ☐ Cell phone

Part 3 – Choice of probationary period for a sector or sector class

Reminder: The probationary period may not exceed 40 hours per week.

For an entire sector, a probationary period:

- **lasts no more than 24 weeks;**
- **must total at least 336 hours.**

For a sector class, a probationary period:

- **lasts no more than 12 weeks;**
- **must total at least 168 hours.**

Start date requested[1]	Sector or sector class
_____ / _____ / _____ Day Month Year	☐ Insurance of persons ☐ Accident and sickness insurance
_____ / _____ / _____ Day Month Year	☐ Group insurance of persons (insurance and annuities) ☐ Group insurance plans ☐ Group annuity plans
_____ / _____ / _____ Day Month Year	☐ Damage insurance (personal-lines and commercial-lines) ☐ Personal-lines damage insurance ☐ Commercial-lines damage insurance
_____ / _____ / _____ Day Month Year	☐ Claims adjustment (personal-lines and commercial-lines) ☐ Claims adjustment for personal-lines damage insurance ☐ Claims adjustment for commercial-lines damage insurance
_____ / _____ / _____ Day Month Year	☐ Mortgage brokerage

1 : The start date will be confirmed by the AMF on the probationary certificate.

Part 4 – Choice of supervisors

You must identify from one to four supervisors.

The supervisor must:

- **be authorized to pursue activities as a representative at the time of the probationary period;**
- **have held a certificate for at least 24 of the past 36 months and acted as a representative in the same sector or sector class as the candidate; and**
- **satisfy the conditions under sections 45 and 46 of the *Regulation respecting the issuance and renewal of representatives' certificates*.**

Please declare if the supervisor has a family relationship with the trainee.

Family relationships are relationships created by blood, adoption or marriage.

Part 4.1 – Choice of supervisor 1

☐ Ms.
☐ Mr.

First name(s)

Last name(s)

Client No.
(10 digits)

Certificate No.
(6 digits)

Supervised sector
or sector class

Employer's name

Registration No.

Additional information

Telephone

E-mail

Telephone type ☐ Residence ☐ Business ☐ Cell phone

Family relationship with the trainee? ☐ Yes ☐ No

Part 4.2 – Choice of supervisor 2

☐ Ms.
☐ Mr.

First name(s)

Last name(s)

Client No.
(10 digits)

Certificate No.
(6 digits)

Supervised sector or sector class

Employer's name

Registration No.

Additional information

Telephone

E-mail

Telephone type ☐ Residence ☐ Business ☐ Cell phone

Family relationship with the trainee? ☐ Yes ☐ No

Part 4.3 – Choice of supervisor 3

☐ Ms.
☐ Mr.

First name(s)

Last name(s)

Client No.
(10 digits)

Certificate No.
(6 digits)

Supervised sector or sector class

Employer's name

Registration No.

Additional information

Telephone

E-mail

Telephone type ☐ Residence ☐ Business ☐ Cell phone

Family relationship with the trainee? ☐ Yes ☐ No

Part 4.4 – Choice of supervisor 4

☐ Ms.
☐ Mr.

First name(s)

Last name(s)

Client No.
(10 digits)

Certificate No.
(6 digits)

Supervised sector or sector class

Employer's name

Registration No.

Additional information

Telephone

E-mail

Telephone type ☐ Residence ☐ Business ☐ Cell phone

Family relationship with the trainee? ☐ Yes ☐ No

Part 5 – Statement of applicant

The candidate must complete this part.

The statement can also be filed in AMF's E-Services after the AMF's has received the request.

Please answer all of the questions below. Depending on your answers, you may be required to submit additional supporting documents.

The forms are available on the AMF website at www.lautorite.qc.ca in the section *Professionals.* "Since your last declaration" means any declaration you have previously submitted to the AMF as a candidate or certified representative under the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2 (the "Distribution Act").

If this is your first declaration, please provide a complete history of the facts for each of the questions below.

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1. Since your last declaration, have you begun to pursue outside activities constituting a provision of finance-related services or requiring the segregation of clienteles? ☐ Yes ☐ No

You do not have to answer "Yes" to this question if these activities arise from a right to practise granted by the AMF or by the Canadian Investment Regulatory Organization (CIRO), as the AMF already has this information on file. For further details, visit our Activities to be declared (Outside activities) web page.

➔ If you answered yes, please complete and submit the ***Declaration of an Outside Activity form***.

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2. Since your last declaration:

   - have you been convicted of an offence or a criminal act by a Canadian or foreign court;

     or

   - have you been the subject of a civil suit related to your activities as a representative; ☐ Yes ☐ No

     or

   - has a disciplinary sanction been imposed on you by a disciplinary committee or by a body in Québec or in another province or another state that is responsible for supervising and monitoring persons acting as representatives?

You must answer "Yes" to this question if you have been granted an absolute or conditional discharge under the *Criminal Code*, RSC 1985 c. C-46. However, you do not need to answer "Yes" if you were found not guilty or the charges against you were withdrawn

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

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3. Are you in default of paying any outstanding fines, costs and interest imposed by a disciplinary committee or by the Court of Québec sitting in appeal of a decision of such a committee, or are you in default of paying fines for an offence committed under any of the following: the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2; the *Real Estate Brokerage Act*, CQLR, c. C-73.2; 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.

4. Since your last declaration, has your certificate or right to practise been suspended, cancelled, revoked or subject to any restrictions or conditions, or have you been sanctioned 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 a category governed by the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, the *Real Estate Brokerage Act*, CQLR, c. C-73.2, or the *Securities Act*, CQLR, c. V-1.1?

☐ Yes ☐ No

You do not need to answer "Yes" to this question if the decision was issued by the AMF, as the AMF already has this information on file.

➔ If you answered "Yes", please provide the following information:

Decision No. Date

Name of decision maker

Sector of sector class

5. Since your last declaration, have you:

- filed a consumer proposal or a proposal pursuant to legislation relating to bankruptcy or insolvency?

  or

- filed for bankruptcy, made an assignment of your property or been placed under a receiving order pursuant to legislation relating to bankruptcy or insolvency?

☐ Yes ☐ No

➔ If you answered "Yes", please complete and submit the ***Statement of Bankruptcy form***.

6. Are you under protective supervision in the form of a tutorship, curatorship or adviser? ☐ Yes ☐ No

Protective supervision is a mechanism provided for by law to protect persons who are under a legal disability. A supervisor is not considered a tutor, curator or adviser.

➔ If you answered “Yes”, please attach details to your application.

7. Since your last declaration, have you been a director, officer or partner of a firm or partnership whose registration was cancelled under the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2, the *Real Estate Brokerage Act*, CQLR, c. C-73.2, or the *Securities Act*, CQLR, c. V-1.1? ☐ Yes ☐ No

➔ If you answered “Yes”, please attach details to your application

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

I undertake to notify the AMF of any change to the information or document furnished in connection with this application within 5 days of such change or, if it concerns the pursuit of another activity (“outside activity”), with 30 days of such change.

Signature Date

Please do not delete this page when printing the form.

This page was left blank intentionally because

Part 6 - Fees payable and payment must be printed on a single sheet of paper with no information on the reverse side.

Part 6 –Fees payable and payment

Client information

Client No. (10 digits)

☐ Ms.
☐ Mr.

First names(s)

Last name(s)

Name of employer

Fees payable for the period from January 1, 2026 to December 31, 2026 (Please note that fees are non-refundable)

File study fee :	☑ 86,00$
Contribution to the Fonds d'indemnisation des services financiers :	☑ 30,00$
Amount due:	= ☑ 116,00$

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

☐ Cheque
☐ 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.

I authorize the AMF to charge the amount of * $ to my credit card

Card No.:

Expiry date
(Month / Year)

Name of card holder
(in block letters)

Signature of cardholder

Date:

☐ Visa
☐ Mastercard
☐ American Express

No form sent by e-mail or by fax will be accepted.

The AMF will only accept forms in paper format sent **by mail.**

Send your form and payment to:

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