

APPLICATION OR REVIEW OF APPLICATION FOR ATTESTATION OF EMPLOYMENT (3 YEARS)

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.

Who is this form intended for?

This form is for anyone wishing to register for the examinations of the *Autorité des marchés financiers* ("AMF") in the following sectors or sector classes:

- damage insurance; or
- claims adjustment;

and who must obtain a decision by the AMF recognizing 3 years of employment in order to apply for authorization to register for AMF examinations.

This application is not required if you hold:

- A collegial studies diploma issued in Québec;
- Two certificates of 30 credits each from a Canadian university;
- A bachelor's degree;
- A specialized graduate diploma (D.E.S.S.);
- A master's degree or doctoral degree from a Canadian university ;
- A comparative evaluation for studies done outside Canada issued by one of the members of the Alliance of Credential Evaluation Services of Canada confirming a level of education equivalent to the diplomas mentioned above.

If this applies to you, you may send your application for authorization to register for examinations.

What are the requirements to complete this form?

- You must hold a secondary school diploma (SSD) or a level of education equivalent to a secondary school diploma, such as an Attestation of Equivalence of Secondary V Studies (AESS), a Certificate of Equivalence of Secondary Studies (CESS), a diploma of vocational studies (DVS) consisting of at least 60 units or a comparative evaluation for studies done outside Canada issued by one of the members of the Alliance of Credential Evaluation Services of Canada confirming a level of education equivalent to or higher than an SSD.
- You must have acquired at least 3 years of full-time employment experience in the past 10 years. The definition of one year of full-time employment experience is as follows: A minimum of 30 hours of work per week over a period of at least 10 months out of 12. These years of experience do not have to be consecutive.

IMPORTANT

- If you refuse or fail to provide us with the requested information and/or documents, we will not be able to process this application.
- Provide all pages of your transcripts or achievement records.
- You must wait for the AMF's written decision before applying for authorization to register for examinations.
- The AMF reserves the right to request additional documents at any time.
- The AMF reserves the right to conduct verifications with educational institutions, the members of the Alliance of Credential Evaluation Services of Canada or the *Ministère de l'Éducation*
- **Make sure the information in Block 8 – Social Insurance Number (SIN) on the Record of Employment is not legible.**
- You do not need to submit an application if you previously held a representative's certificate under which you were authorized to act for at least one year. If you are in this situation, you must submit an application for authorization to register for the prescribed AMF examinations in the same sector or sector class as that

Information Centre

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

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for which the certificate was issued. In Part 4, Career Eligibility Requirements, tick Certificate in ... issued by the AMF after October 1, 2002 that was held for at least one year.

- Application fees are non-refundable.

How to obtain proof of education

You can request official transcript documents from the following:

Secondary studies	Official transcript before 1974	<i>Ministère de l'Éducation</i> Quebec City: 418 643-7095 Toll-free: 1 866 747-6626 Fax: 418 646-6561
	Official transcript or achievement records (SSD, AESS, CESS or DVS)	<i>Ministère de l'Éducation</i> Quebec City: 418 643-1761 Montreal: 514 788-3325 Fax: 418 644-6909
	Official transcript of secondary studies issued in a Canadian province other than Québec	Contact the department of education of the province where you obtained your secondary school diploma or the secondary school you attended.
Studies outside Canada	Comparative evaluation for studies done outside Canada	Contact the Alliance of Credential Evaluation Services of Canada Website: www.canalliance.org

How to obtain a Record of Employment

If you are **no longer employed by the company**, call Service Canada at 1-800-808-6352 or visit their website at www.servicecanada.gc.ca.

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

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PART 2 – STATEMENT

Use this section to submit a statement in connection with your Application for Attestation of Employment (3 years).

1. Are you sponsored by an insurance firm registered with the AMF or by an educational institution recognized by the AMF? ☐ Yes ☐ No

If so, name of organization: _____ AMF client No. (firm): _____

2. Are you completing this form to request a review of your file? ☐ Yes ☐ No

PART 3 – REQUIRED SUPPORTING DOCUMENTS

Use this section to select and submit a valid proof of identity and a minimum qualification. Ensure that you provide all necessary supporting documents. The AMF reserves the right to request additional documents or an original document.

MINIMUM QUALIFICATIONS

Important

You must provide one of the following proofs of minimum qualifications. Please note that we do not accept photocopies of diplomas.

- ☐ Official transcript or achievement record of secondary studies issued by the *Ministère de l'Éducation* indicating that the secondary school diploma (SSD) was obtained;
- ☐ Official transcript or achievement record of vocational studies issued by the *Ministère de l'Éducation* indicating that the diploma of vocational studies (DVS) was obtained;
- ☐ Official transcript or achievement record of secondary studies issued by the *Ministère de l'Éducation* indicating that the Attestation of Equivalence of Secondary V Studies (AESS) was obtained;
- ☐ Official transcript or achievement record of secondary studies issued by the *Ministère de l'Éducation* indicating that the Certificate of Equivalence of Secondary Studies (CESS) was obtained;
- ☐ Official transcript of secondary studies issued by the department of education of a Canadian province other than Québec or by the secondary school attended in a Canadian province other than Québec indicating that the secondary school diploma was obtained;
- ☐ Comparative evaluation for studies done outside Canada issued by one of the members of the Alliance of Credential Evaluation Services of Canada confirming a level of education equivalent to or higher than an SSD.

VALID PROOF OF CANADIAN IDENTITY**Important**

If you provided proof of identity with a previous application, it is not necessary to do so again.

Not providing one of the identity documents listed below will result in a delay in the processing of your application.

*The AMF may determine that one or more additional proofs of identity are required. **Note that a driver's licence or health insurance card is not considered valid proof of identity.***

Check and attach to this form one of the **valid Canadian identity documents** below:

- ☐ Birth certificate issued by the Directeur de l'état civil of Quebec or another provincial or territorial authority
- ☐ Citizenship card or certificate
- ☐ Confirmation of Permanent Residence (IMM5292 or IMM5688)
- ☐ Passport
- ☐ Permanent resident card
- ☐ Work permit

PROOF OF EMPLOYMENT**Important**

*You must provide at least one proof of employment. You can provide up to **8 Records of Employment for each application** and two "**Appendix 2 - Attestation of entrepreneur**" for each business created.*

T4A tax slips (federal) and tax returns are not accepted as attestations of employment since they do not show the employment period and the number of hours worked per week.

Please make sure the information in Block 8 – Social Insurance Number (SIN) on the Record of Employment is not legible.

- ☐ Attestation of guarantor (Appendix 1) for employment you currently hold (must be issued by the employer, not by Service Canada); **and/or**
- ☐ Attestation of entrepreneur (Appendix 2) if you are currently an entrepreneur or were an entrepreneur in the past 10 years; **and/or**
- ☐ Photocopy of Record of Employment for each employment held in the past 10 years (must be issued by [Service Canada](https://www.servicecanada.gc.ca)).

Use this section to identify a third party to whom you would like the decision regarding your attestation to be disclosed, regardless of whether or not the third party is registered with the AMF.

☐ Yes ☐ No☐ Yes

Name of firm: _____

 **No**

Language of correspondence: ☒ French ☐ English

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

I declare that the information provided in this form is accurate and complete. I declare that I use my name as it appears on all my valid Canadian identity documents. I have attached all supporting documents required to process my application.

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

You may examine the personal information concerning you, obtain a copy of it or request that it be corrected if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, CQLR, c.A-2.1. If you have any questions on this topic, please visit the AMF website at [Information Access / AMF \(lautorite.gc.ca\)](https://www.lautorite.gc.ca/information-access).

Please do not delete this page when printing the form.

It has been left blank intentionally, because the page
Part 6 – Fees Payable and Payment must be printed on a
single sheet of paper with no information.

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PART 6 – 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, 2025 TO DECEMBER 31, 2025 (Please note that fees are non-refundable)				
Fee for disclosure of decision to third party :		<input type="checkbox"/> \$29.00		
File study fee		<input type="checkbox"/> \$47.00		
Total:		\$_____		
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		<p>I authorize the AMF to charge the amount of * \$_____ to my credit card.</p> <p>Card No.: _____ / _____ / _____ / _____</p> <p>Expiry date: _____ / _____ month year</p> <p>Name of cardholder (in block letters)</p> <p>Signature of cardholder</p> <p style="text-align: right;">Date: _____ / _____ / _____ year month day</p>		

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.

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

Send your form and payment to the following address:

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

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ATTESTATION OF GUARANTOR

The AMF reserves the right to request additional documents and to contact the guarantor.

The guarantor should be the employer of the business (or his representative) or the chief human resources officer.

Any false statement will result in the cancellation of this application and will be noted in the applicant's file.

Last name of applicant: _____ First name: _____

Client No. : _____

Important

*You must provide an attestation of guarantor for the employment you **currently** hold.*

Name of business (in block letters)

Québec Enterprise Number (NEQ)

Name of guarantor (in block letters)

Title of guarantor (in block letters)

Telephone number of guarantor

I declare that the applicant works full-time (a minimum of 30 hours per week).

Position held by applicant: _____

Employment period: from _____ to present.

Signed at _____

This _____ day of _____
month year

Signature of guarantor

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ATTESTATION OF ENTREPRENEUR

The AMF reserves the right to request additional documents.

Any false statement will result in the cancellation of this application and will be noted in the applicant's file.

Last name of applicant: _____ First name: _____

Client No. : _____

Important

Complete this appendix and have it signed by a Commissioner of Oaths.

Name of your business (in block letters): _____

Québec Enterprise Number (NEQ) (if applicable): _____

Canadian Business Number (BN) (if applicable): _____

During the period from _____ to _____
year / month / day year / month / day

I worked _____ hours per week at the company.

I declare that the information in this Appendix is true.

Signed at _____, this _____ day of _____
month year

Signature of applicant

Signature of Commissioner of Oaths

Sworn under oath before me:

Signed at _____, this _____ day of _____
month year

Signature of Commissioner of Oaths

Commission No.

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