

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

E-Services

If you prefer to submit your application via our on-line service, please go to our website at <https://lautorite.qc.ca/>.

Use this form to apply for authorization of a probationary period, for a change in supervisor, for an extension of a probationary certificate or to add a trainee's vacation.

Important information for employers, candidates and supervisors

We recommend that this form be completed via 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 or a mortgage broker's certificate. During the probationary period, the trainee must complete at least 28 hours of work per week over six or twelve 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 the authorization of the Autorité des marchés financiers (AMF) 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 in the damage insurance or claims adjustment sector or a class of these sectors is valid for a period of two years as of the date the candidate passed the examination.
 - In the insurance of persons sector or group insurance of persons sector or a class of these sectors, an examination is valid for a period of one year as of the date the candidate passed the first examination.
 - An examination in the mortgage brokerage sector is valid for a period of two years as of 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 trainee 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.
- Even if the trainee was supervised by one or two supervisors, only one supervisor must complete the *Supervisor's recommendation related to representative's certificate* form.

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PART 1 – EMPLOYER IDENTIFICATION (in block letters)

APPLICATION FOR AUTHORIZATION OF PROBATIONARY PERIOD

Employer's name					
Client No. (10 digits)			Registration No.		
MAILING ADDRESS					
Civic No.		Street			Suite
City			Province		Postal code
Telephone			E-mail		

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 / partner
or authorized signatory

Signature of responsible officer or partner / authorized signatory

Date: ____ / ____ / ____
year month day

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 – CLIENT IDENTIFICATION (in block letters)

INFORMATION ABOUT TRAINEE

Client No. (10 digits)					
Ms. <input type="checkbox"/>	First name			Last name	
Mr. <input type="checkbox"/>					
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 3 – CHOICE OF PROBATIONARY PERIOD FOR A SECTOR OR 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 and mortgage brokerage sectors. These two parts correspond to the two 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 of persons (12 weeks)	____/____/____ year month day
<input type="radio"/> Group insurance plans (6 weeks)	____/____/____ year month day
<input type="radio"/> Group annuity plans (6 weeks)	____/____/____ year month day
<input type="checkbox"/> Damage insurance (12 weeks)	____/____/____ year month day
<input type="radio"/> Personal-lines damage insurance (6 weeks)	____/____/____ year month day
<input type="radio"/> Commercial-lines damage insurance (6 weeks)	____/____/____ year month day
<input type="checkbox"/> Claims adjustment (12 weeks)	____/____/____ year month day
<input type="radio"/> Claims adjustment in personal-lines damage insurance (6 weeks)	____/____/____ year month day
<input type="radio"/> Claims adjustment in commercial-lines damage insurance (6 weeks)	____/____/____ year month day
<input type="checkbox"/> Mortgage brokerage (12 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 **7 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: ____ / ____ / ____
year month day

To: ____ / ____ / ____
year month day

Start date of vacation 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

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PART 5 – STATEMENT OF APPLICANT

Important

The candidate must complete this part.

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.

Important: You must notify the AMF of any change to the information or a document furnished within 5 days of such change or, if it concerns the pursuit of another activity (“outside activity”), within 30 days of such change.

1. Since your last declaration, have you begun to pursue activities other than those arising from a right to practise granted by the AMF (“outside activities”) constituting a provision of finance-related services or requiring the segregation of clienteles? Yes No

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.

2. Since your last declaration: Yes No
- 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
 - 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?

➔ Decision number: _____ Date: _____
Name of decision maker: _____ Sector or sector class: _____

5. Since your last declaration, 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*, RSC 1985, c. B-3? Yes No

You do not have to answer "yes" to this question where a proposal was accepted by the creditors and the court.

➔ 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.

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PART 6 – CHOICE OF SUPERVISORS / REPLACEMENT SUPERVISOR

You must identify one or two supervisors who will supervise the candidate. If necessary, please also identify a representative who will act as a replacement supervisor when one or both supervisors are absent, and indicate any periods of absence.

If you wish to designate different supervisors for each sector class, please print and attach a separate *Part 6 - Choice of Supervisors / Replacement Supervisor*.

Important

A supervisor or a replacement supervisor is a representative authorized to pursue activities at the time of the probationary period and the holder of a certificate for at least 24 months of the previous 36 months in the same sector or sector class in which the candidate seeks to pursue activities. He must also satisfy the conditions under sections 45 and 46 of the [Regulation respecting the issuance and renewal of representatives' certificates \(the "Regulation"\)](#).

If a trainee is supervised by two supervisors, one of them may be absent during the probationary period. It is not necessary to inform the AMF, as the second supervisor will assume supervision of the trainee. If both supervisors are absent at the same time, you must designate a replacement supervisor. Otherwise, the probationary period will be interrupted.

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

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PART 6.4 – REPLACEMENT SUPERVISOR 2

IDENTIFICATION OF REPLACEMENT SUPERVISOR 2

Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name			Last name		
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			

PART 7 – CHANGE IN SUPERVISOR

Important

Complete only if applicable. Parts 1 to 4, and 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 month day

Reason for changing supervisors:

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

Ms. Mr.

Last and first name: _____ (in block letters) Certificate No.: _____

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PART 8 – EXTENSION OF PROBATIONARY CERTIFICATE

Important

Complete only if applicable. Parts 1 to 4, and 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 four weeks.

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 4, and 6 must also be completed.

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 the trainee's vacation. This application cannot be submitted via 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

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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

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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, 2024 TO DECEMBER 31, 2024 (Please note that fees are non-refundable.)				
File study fee:	<input checked="" type="checkbox"/>	\$82.00	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				
<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 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: _____ / _____ <small>month year</small>			
Name of cardholder (in block letters)			Date: _____ / _____ / _____	
Signature of cardholder			<small>year month day</small>	

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

Send your payment to the following address:

Autorité des marchés financiers
Place de la Cité, tour Cominar
2640, boulevard Laurier, 3^e étage
Québec (Québec) G1V 5C1