

PERSONAL TRAINING ACTIVITY

Professional development program in mortgage brokerage

#### **Important**

This form must be completed by any applicant who wishes to have a personal training activity he or she has taken recognized as a professional development activity under the Compulsory Professional Development Program in mortgage brokerage.

You must submit this application form in order to have the training recognized.

If your training was taken as part of a credit college or university level education, please complete and submit the online form «Other application / request — Qualification» along with your official transcripts. The training followed must meet the recognition criteria set out in the **Guide for mortgage brokers and responsible officers**.

PART 1 – GENERAL INFORMATION							
IDENTIFICATION OF THE APPLICANT (in block letters)							
Client No. (10 digits)							
Ms.	First name				Last name		
Mr.							
Date of birth (YYYY/MM/DD)			Lan	Language of correspondence: French English			
CONTACT INFORMAT							
Civic No. Street						Suite	
Municipality Provin			nce			Postal code	
Telephone (main)		Telephone (other)	•			Ext.	
Website				E-mail			



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IDENTIFICATION OF THE TRAINING						
Title of training	Title of training					
Title of training in English (if applicable)						
Start date	End date			Duration		
Language of instruction	French	English	Other:			
Location of training						
In-class			Seminar			
Distance training			Webinar			
Videoconference			College-le	vel training		
Symposium			University-	level training		
Conference			Other:			
Convention						
Briefly describe the training activity,		he targeted I	earning objec	ctives:		



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IDENTIFICATION OF THE PROGRAM ADMINISTRATOR							
Client No. (10 digits)							
Ms. Mr.	First name			Last name			
Date of birth (YYYY/MM/DD)			Language of correspondence: French English				
CONTACT INFORMATION							
Civic No. Street			Suite				
Municipality Provin			Provin	ce		Postal code	
Telephone (residence) Telephone (business)		Ext.					
Cell phone E-mail							

#### **PART 2 – RECOGNITION REQUIREMENTS**

#### DOCUMENTS REQUIRED ACCORDING TO TYPE OF PERSONAL TRAINING

#### Distance training or in-class

Detailed course plan

Official registration for course taken

Certificate of participation or attestation of successful completion (official transcript)

#### Videoconference, symposium, conference, convention, seminar, webinar

Confirmation and receipt

Official certificate of participation

Official training plan (training schedule)

Site Web: www.lautorite.qc.ca

Material received during the event

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



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PART 3 – DECLARATION REGARDING INFORMATION PROVIDED			
I declare that the information provided in this form is accurate and complete. I had documents required to process my application.	ve attached all supporting		
	Date (YYYY/MM/DD)		
Signature			

If you refuse or fail to provide us with the requested information and/or documents, we will not be able to process your request.

#### Rights of access and correction

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.qc.ca).

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Please do not delete this page when printing the form.

This page was left blank intentionally because

Part 4 – Fees payable and payment

must be printed on a single sheet of paper

with no information on the reverse side.

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PART 4 – FEES PAYABLE AND PAYMENT						
APPLICANT	INFOR	MATION				
Client No. (1	0 digits)	)				
Ms. Mr.	First r	name		Last name		
Name of business						
		R THE PERIOD FROM JANU es are non-refundable.)	ARY 1, 2025	TO DECEMBER	R 31, 2025	
Application for personal train			If you are 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	PAYME	ENT				
Cheque Please make your payment to the order of the <b>Autorité des marchés financiers</b> Money order and date it <b>on the day you mail</b> your form.					es marchés financiers	
Visa MasterCa	I authorize the AMF to charge the amount of \$ * to my credit card.					
Card No.: American						
Express Expiry date: (month/year)						
		Name of cardholder (in block letters)				
		Signature of cardholder		Date		

The AMF only accepts forms sent by mail.

Forms sent by e-mail or fax will not be accepted.

Please send your form and payment to:

Autorité des marchés financiers

Place de la Cité, tour PwC

2640, boulevard Laurier, bureau 400

Site Web : www.lautorite.qc.ca

Québec (Québec) G1V 5C1

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Before submitting your application to have a personal training activity recognized, make sure that you have first downloaded all your documents. Incomplete applications will not be examined.							
Your application for recognition of a personal training will be considered complete when all the required documents have been received.							
Use this checklist to ensure that you have provided all the information needed to process your application.							
Nº	Information to be provided	nformation submitted in an attachment					
For distance training or in-class courses							
1	Detailed course plan, if applicable						
2	Official registration for course taken						
3	Attestation of successful completion (official transcript)						
For videoconferences, symposiums, conferences, conventions, seminars and webinars							
4	Registration confirmation						
5	Official certificate of participation						
6	6 Official training plan (training schedule)						
7	Material received during the event						

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**APPENDIX** – CHECKLIST

Name of training provider

Title of training activity

Date of request