

AMF E-Services

If you prefer to submit your application via our on-line service, please go to our website at <http://www.lautorite.qc.ca/en/e-services.html>.

Important

Please ensure that you have permission to register **before** submitting your application.

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

Important

Incomplete applications will delay processing. In addition, if you do not submit any missing documents by the specified date, your application will be cancelled, and no fees will 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 examinations, you must consult the exam calendar (and timetable) and indicate the following information in the tables below:

- language and location;
- sequence in which you wish register for the examinations (example: If you wish to write examination 01-312 first, indicate 1 in the column "Writing sequence" beside this examination and 2 beside examination 01-111);
- preferred writing dates and times (you may indicate up to 3 choices in order of preference).

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

DQual_inscription-examens-PQAP_January 2024

- If you have a reservation number, please write it in the space under the examination location. Please also indicate the language requested.

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 and you meet all career eligibility requirements, you must:

- successfully complete the Ethics and Professional Practice (Civil Code) course; .
- pass examination 01-111;
- complete the probationary period.

If this condition does not apply to you, you must meet all qualification requirements. 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
01-111 Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

Application for reinstatement

Individuals who have surrendered their certificates for a period of more than one year and less than three years and held a certificate for at least one year must:

- have a valid minimum qualification;
- pass examination 01-111.

REINSTATEMENT OF CERTIFICATE			
Examination title	Language	Location	Date and time slot in order of preference
01-111 Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

Applications by candidates who wish to act as representatives in insurance of persons, group insurance of persons or one of their sector classes

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

INSURANCE OF PERSONS				
Examination title	Language	Location	Writing sequence (1 to 4)	Date and time in order of preference
01-111 Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
01-311 Life insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
01-312 Accident and sickness insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
01-313 Segregated funds and annuities	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

ACCIDENT AND SICKNESS INSURANCE				
Examination title	Language	Location	Writing sequence (1 to 2)	Date and time in order of preference
01-111 Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
01-312 Life insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

GROUP INSURANCE OF PERSONS				
Examination title	Language	Location	Writing sequence (1 to 4)	Date and time in order of preference
01-111 Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
01-311 Life insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
01-312 Accident and sickness insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
01-313 Segregated funds and annuities	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

GROUP INSURANCE PLANS				
Examination title	Language	Location	Writing sequence (1 to 3)	Date and time in order of preference
01-111 Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
01-311 Life insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
01-312 Accident and sickness insurance	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

GROUP ANNUITY PLANS				
Examination title	Language	Location	Writing sequence (1 to 2)	Date and time in order of preference
01-111 Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day
01-313 Segregated funds and annuities	French <input type="checkbox"/> English <input type="checkbox"/>	_____	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

REINSTATEMENT OF A CERTIFICATE			
Examination title	Language	Location	Date and time in order of preference
01-111 Ethics and professional practice	French <input type="checkbox"/> English <input type="checkbox"/>	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

QUÉBEC REPRESENTATIVE WHO SEEKS TO BE CERTIFIED IN OTHER CANADIAN JURISDICTION			
Examination title	Language	Location	Date and time in order of preference
01-112 Ethics and professional practice (Canada)	French <input type="checkbox"/> English <input type="checkbox"/>	_____	1. ____ / ____ / ____ Time: ____ year month day 2. ____ / ____ / ____ Time: ____ year month day

Notice of examination

A notice of examination will be sent when the AMF has processed your application after receiving payment of the applicable fees. This notification will confirm your exam schedule. When you receive your notification, check the dates and times you are scheduled to write your examinations. The AMF may not be able to register you for the chosen dates and times due to the limited number of seats in the examination rooms.

Application to postpone or cancel examinations

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

PART 3 – DISCLOSURE OF DECISION TO THIRD PARTY

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

Do you want the decision regarding your application to be disclosed to a third party? Yes No

If you answered **yes**, Is this person or firm registered with the AMF?

Yes

AMF client No.: _____

First name: _____

Last name: _____

Name of firm: _____

No

First name: _____

Last name: _____

Name of firm: _____

Language of correspondence: French English

MAILING ADDRESS (THIRD PARTY)

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

PART 4 – DECLARATION

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 of my application.

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

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 \(lautorite.qc.ca\)](https://www.lautorite.qc.ca/information-access).

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, 2024 TO DECEMBER 31, 2024 (Please note that fees are non-refundable)

Exam registration fee:	<input type="checkbox"/>	\$174.00	<small>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.</small>
Fee to disclose decision to third party	<input type="checkbox"/>	\$29.00	
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	I authorize the AMF to charge the amount of * \$ _____ to my credit card. Card No.: _____ / _____ / _____ / _____ Expiry date: ____ / ____ month year <hr/> Name of cardholder (in block letters) <hr/> Signature of cardholder Date: ____ / ____ / ____ year month day

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 Cominar
2640, boulevard Laurier, bureau 400
Québec (Québec) G1V 5C1