

SCHEDULE
Application for a certificate of compliance
Residence for the elderly¹

1.1) Name and address of the residence

Name _____

Address _____ Municipality _____ Postal code _____

Telephone _____ Fax _____ E-mail _____

1.2) Name and address of the operator or operators²

Name _____

Mailing address _____ "if different from residence"

Municipality _____ Postal code _____

Telephone _____ Opening date of the residence _____ Day _____ Month _____ Year _____

1.3) Name and address of the person in charge of the residence

Name _____

Mailing address _____ "if different from residence"

Municipality _____ Postal code _____ Telephone _____

I, the undersigned, declare that I am the operator of the residence or the person in charge of the residence mentioned in section 1.1 and hereby apply to the health and social services agency for the region of

for a certificate of compliance for this residence in accordance with the Regulation respecting the conditions for obtaining a certificate of compliance for a residence for the elderly.

Name and surname of the authorized person (PRINT)

Mandatory signature

Date: Day/Month/Year

May 2007

1. One form per residence for the elderly.
2. If the applicant is a company, the resolution of the board of directors authorizing the signatory must be submitted.