

DECLARATION and AGREEMENT OF THE APPLICANT

PLEASE COMPLETE THIS DECLARATION
being careful to write legibly in capital letters

Section 1 — IDENTIFICATION OF THE APPLICANT

Please complete section 1A, 1B or 1C, according to whether you are a physical person, a moral person (a company) or a partnership.

1A APPLICANT(S) - PHYSICAL PERSON(S)

APPLICANT 1

FAMILY NAME AT BIRTH (if you have more than one family name, please list the names in the usual order)

FIRST NAME

DATE OF BIRTH

Year

Month

Day

GENDER

Male

Female

TELEPHONE

CURRENT ADDRESS (civic no, street, apt..)

CITY OR TOWN

PROVINCE

POSTAL CODE

IF A CERTIFICATE OF RECOGNITION HAS ALREADY BEEN ISSUED, PLEASE GIVE THE CERTIFICATE NUMBER

APPLICANT 2 (IF NEEDED)

FAMILY NAME AT BIRTH (if you have more than one family name, please list both names in the usual order)

FIRST NAME

DATE OF BIRTH

Year

Month

Day

GENDER

Male

Female

TELEPHONE

CURRENT ADDRESS (civic no, street, apt.)

CITY OR TOWN

PROVINCE

POSTAL CODE

IF A CERTIFICATE OF RECOGNITION HAS ALREADY BEEN ISSUED, PLEASE GIVE THE CERTIFICATE NUMBER

1B APPLICANT MORAL PERSON (COMPANY)

INFORMATION ABOUT THE MORAL PERSON (COMPANY)

NAME OF THE MORAL PERSON

COMPANY NAME (IF APPLICABLE)

QUEBEC BUSINESS NUMBER (NEQ)

TELEPHONE

FAX

HEAD OFFICE ADDRESS (civic no., street, office no., floor)

CITY OR TOWN

PROVINCE

POSTAL CODE

IF A CERTIFICATE OF RECOGNITION HAS ALREADY BEEN ISSUED IN THE NAME OF THIS MORAL PERSON (COMPANY), PLEASE GIVE THE CERTIFICATE NUMBER

INFORMATION ABOUT THE PERSON MANDATED TO ACT ON BEHALF OF THE MORAL PERSON

FAMILY NAME AT BIRTH (If you have more than one family name, please list them in the usual order)

FIRST NAME

DATE OF BIRTH

Year

Month

Day

GENDER

Male

Female

TELEPHONE

CURRENT ADDRESS (civic no., street, apt.)

CITY OR TOWN

PROVINCE

POSTAL CODE

1C PARTNERSHIP APPLICANT**INFORMATION ABOUT THE PARTNERSHIP**

NAME OF THE COMPANY

QUEBEC BUSINESS NUMBER (NEQ) (IF APPLICABLE)

TELEPHONE

FAX

HEAD OFFICE ADDRESS (civic no., street, office no., floor)

CITY OR TOWN

PROVINCE

POSTAL CODE

IF A CERTIFICATE OF RECOGNITION HAS ALREADY BEEN ISSUED IN THE NAME OF THIS PARTNERSHIP, PLEASE GIVE THE NUMBER OF THIS CERTIFICATE

INFORMATION ABOUT THE PERSON MANDATED TO ACT ON BEHALF OF THE PARTNERSHIP

FAMILY NAME AT BIRTH (If you have more than one family name, please list these names in the usual order)

FIRST NAME

DATE OF BIRTH

Year

Month

Day

GENDER

Female

TELEPHONE

CURRENT ADDRESS (civic no., street, apt.)

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Section 2 DECLARATION

I declare that:

1

I am of age of majority.

2

I am a Canadian citizen or permanent resident.

3

I have a place of business in Canada, if applicable. (RI only)

4

I have no criminal record related to the function of a resource.

5

In the past three years, I have not had my recognition as a resource revoked for non-respect of the regulations or for non-compliance related to the criteria for recognition.

6

I have not had to resort, in the past three years, to a law governing insolvency. (physical person, director or administrator)
or
have not had to resort, in the past five years, to a law governing insolvency. (moral person and partnership)

7

The company is registered with the Registraire des entreprises du Québec, if applicable.

8

I am in good physical and mental health, which allows me to fully carry out the functions of the resource. (RTF and RIMA only)

Section 3 AGREEMENT

I agree to maintain all the general criteria of the Ministry set out in the RI-RTF frame of reference, specifically to:

- 1 Obtain and maintain a home insurance policy and a policy for general and professional liability.
- 2 Guarantee the presence in the living environment of at least one person at all times with up-to-date training in CPR and first aid from a recognized organization.
- 3 Provide a living environment that respects the provisions set out in the Building Act and the laws and regulations related to fire safety.
- 4 Complete the form *Declaration related to Criminal Record Checks*.
- 5 If applicable, have the Declaration related to Criminal Record Report form completed by each person concerned. For associates, administrators, any person required to interact with clients, any person of major age living under the same roof as the applicant who is a physical person.
- 6 Have the police department of my choice complete the *Report on the criminal record check* form for myself and for all the persons who have completed the *Declaration related to criminal record checks*.
- 7 Put in place a procedure that provides for the verification of criminal records for associates, administrators, any person required to interact with clients, any person living under the same roof as the applicant who is a physical person.

Inform the institution of any change in the composition of the resource related to one or several general criteria determined by the Ministry, as soon as possible.

Section 4 PROTECTION OF PERSONAL INFORMATION

The personal information collected in this form is necessary to the institution for processing your application (and for you to carry out your functions as a resource, as the case might be). Your personal information is confidential and will not be divulged without your consent unless the law authorizes it. The law allows, subject to certain conditions, the communication of personal information without consent if this is necessary:

- to enforce a law in Quebec;
- in the exercise of the terms and conditions of an organization of the government of Canada, specifically the Canadian immigration authorities;
- for the offer of services carried out and/or mandated by the Ministry for a contract for services;
- for the purposes of a legal prosecution, for an infraction against a law enforceable in Quebec or because of an emergency.

Access to this information is reserved to those persons who are authorized to process it, when this information is necessary to execute their mandate. Any omission or refusal to respond may bring about the rejection of your candidacy or cause delays in treating your file.

I certify that:

- I understand the nature and the significance of these declarations and authorisations contained in this document.
- I am duly authorized to sign this declaration in the name of the moral person (company) or partnership (if applicable).
- I understand that a false statement or declaration may lead to the termination of my contract (or the cancellation of my future agreement, depending on the circumstances).
- The information provided in this document is complete and accurate.

In witness whereof, I have signed in _____
(place)

On

Year					Month			Day		

(Date)

(Signature)

In witness whereof, I have signed in _____
(Place)

On

Year					Month			Day		

(Date)

(Signature)