

TRANSPARENCE ÉQUITÉ SAINE CONCURRENCE

Public contracts

Annual update for authorized enterprises

To help you fill out this form, a Companion Guide is available on the Autorité des marchés publics (the "AMP") website at www.amp.gouv.qc.ca.

Part 1 – Identity and contact information of the Applicant

1.1 Full name and Québec enterprise number (NEQ)

Please state the full name and the NEQ of the enterprise submitting this annual update application (the "Applicant"), as they appear in the register maintained by the Registraire des entreprises du Québec (Québec enterprise registrar). If it is a sole proprietorship, please state your last name(s) and first name(s). If the Applicant has a French and an English name, please state both names:

Applicant name				NEQ (if applicable)
1.2 Address of	head office¹			
No.	Street			Suite
City			Province/S	tate
Postal code	Country	Website (optional)		
Main telephone		E-mail		

¹ A post office box is not a valid head office address.



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1.3 Mailing address

	Check this box i address.	f the mailing address is the same as t	he head office address	. If not, please เ	provide the r	nailing	
N	0.	Street			Suite		
C	ity			Province/Sta	te		
P	ostal code	Country	Website (optional)				
N	lain telephone		E-mail				
	se state the lega Legal person	ll form of the Applicant (only check on ☐ Partnership ☐	ne): Natural person operati	ng a sole propr	ietorship	□ O:	ther
Pá	art 2 – Decla	aration of the Applicant					
Sec	tion I – Decla	nration					
Plea	se answer the fo	ollowing questions:					
1.	Do you have any changes to make to your business relationships? For example: Add a director, change an officer's domicile or email address, remove a shareholder or associate, change a respondent, etc.						
		It the Companion Guide – Managing I Ships using the required forms.	Business Relationships c	and declare			



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2.	In the past five years, has your enterprise been the su of the Environment, the Fight Against Climate Change legislation they are responsible for enforcing?	-	Yes		No 🗆
	If "Yes," please provide the following details:				
	For the list of orders, consult the AMP website.				
	Tor the list of orders, consult the Alvir Website.				
3.	Do you have other information or changes to declare For example: Change to the enterprise's name, merge or criminal or penal prosecution.		Yes		No 🗆
	If "Yes," please provide the following details:				
You may attach supporting documents to your application.					
A 1	and of recognitions	······································		Doho / d d /	mm/yyyy)
IVa	ime of respondent S	ignature		Date (dd/l	TITTI/ VVVV)



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Part 3 – Signature		
I declare that I have read and understood the questions	s and statements in this application.	
I declare that all information provided herein is true and	d complete.	
I understand that making a false or misleading declarati contracting by public bodies.	on is an offence under section 27.5 of the <i>A</i>	ct respecting
Name of respondent	Signature	Date (dd/mm/yyyy)
Part 4 – Additional consent		
In the case of an enterprise that is not constituted un establishment in Québec where it conducts its activities. I agree that the Associate Commissioner for Audits in police force or local source of information as well a Regulation, and receive all information necessary for concerned is the Canadian province or territory or	s, the following consent is required: nay communicate the information provide s to the local fiscal authorities mentione or the audits. The location of the enterp	ed herein to any local d in section 5 of the orise and the persons
activities or, in the case of a natural person, where they	·	,
Name of respondent	Signature	Date (dd/mm/yyyy)
Part 5 – Submitting the form		
Please email this completed form to:		
autorisation@amp.quebec		

If you have any questions regarding this form, please contact an information centre agent by phone at 1-888-335-5550.