This declaration form (the “Declaration”) must be completed by an authorized signatory of any entity declaring a level 3 relationship (the “Entity”) with the enterprise (the “Applicant”) applying for authorization to enter into/renew a public contract/subcontract (the “Application”).

The Declaration must be completed in full to be accepted by the Autorité des marchés publics (the “AMP”).

Please complete a Declaration for each Entity.

Part 1 – Identification

<table>
<thead>
<tr>
<th>Name of Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>AMP client number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part 2 – Declaration by the Entity

Section I – Declaration

Please answer the following questions:

1. In the past five years, has the Entity been prosecuted for or found guilty of an offence listed in Schedule I of the Act respecting contracting by public bodies (the “ACPB”), CQLR, c. C-65.1?

   Yes □       No □

   *If you answered “yes,” please provide information about the offence(s) in section II.*
2. Do you have any other information regarding the Application that could be of interest to the AMP?  

If you answered “yes,” please provide details below.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Section II – Information about offences by the Entity

If you answered “yes” to question 1 in section I, please provide the following information for each offence:

Section and name of statute: ________________________________

Court case number: ________________________________

Details about the offence (e.g., facts and circumstances): ________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

If the Entity was found guilty, was a pardon obtained?

_________________________________________________________________________

_________________________________________________________________________

Please photocopy this page if you need more space.
I declare having read and understood the questions and statements in the Declaration.

I declare that all information provided in the Declaration is true and complete. I understand that the Declaration must be completed in full to be accepted by the AMP.

I acknowledge that the AMP will send the Associate Commissioner for Audits appointed under section 8 of the Anti-Corruption Act (c. L-6.1) the information obtained so that the Associate Commissioner may conduct the audits he considers necessary to provide the AMP with an advisory opinion on the Applicant, the whole pursuant to the ACPB.

I agree that, in connection with the Application, the AMP may communicate to the Applicant or its respondent the recommendation of the aforementioned Associate Commissioner for Audits and any grounds in support of such recommendation.

I understand that under section 27.13 of the ACPB, every person who helps another person to make a false or misleading statement to the AMP so that the Applicant may obtain, renew or keep an authorization is guilty of an offence and liable to a fine.

Name of Entity’s authorized signatory: ____________________________
Signature: ____________________________
Date (yyyy/mm/dd): ____________________________

Part 4 – Additional consent

If the Entity is not constituted under the laws of Québec and does not have its head office or an establishment in Québec where it primarily conducts its activities, the following consent is required:

I agree that the Associate Commissioner for Audits may communicate the information provided herein to any local police force or local source of information as well as to the local fiscal authorities mentioned in section 5 of the Regulation of the Autorité des marchés publics under an Act respecting contracting by public bodies, and receive all information necessary for the audits. The location of the Entity is the Canadian province or territory or other jurisdiction where the Entity primarily conducts its activities.

Name of Entity’s authorized signatory: ____________________________
Signature: ____________________________
Date (yyyy/mm/dd): ____________________________