

Person of Authority Statement Form

Please submit this form duly completed either by fax 514-370-8559, by email to PREC@aqtr.com or by regular mail to the address indicated below.

Association québécoise des transports

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Space below for the AQTr only

The Société d'assurance automobile du Québec's (SAAQ) *Detailed Requirements* stipulate that in order to be recognized, any driving school must provide the AQTr with a file related the Person of Authority of the school, containing his/her date of birth, contact details and email address.

The AQTr acts upon the *Acte d'agrément entre la Société d'assurance automobile du Québec (SAAQ) et l'AQTr*, is bound by its provisions and is responsible for applying the *Detailed Requirements of the SAAQ*.

1

Once the duly completed form has been received, you will receive a written confirmation indicating that the name of the person of authority has been added to the driving school's file. The duly authorized representative of the driving school is responsible for notifying the Association québécoise des transports (AQTr) if the written confirmation is not received.

Statement of the Duly Authorized Representative of the School who Appoints the Person of Authority

I, the undersigned, (first and last name) _____, owner or duly authorized representative (manager, director, associate or limited partnership) of the driving school _____ with enterprise number (NEQ) _____ would like to inform the AQTr that I appoint (first and last name) _____ as the person of authority of the driving school with _____ the following name _____.

I read the *Detailed Requirements* and I understand that:

- i. that any person of authority of a driving school must follow a training session on the *Detailed Requirements* (art. 2.4) and attend update sessions provided by the accredited body (art. 6.1);
- ii. that every time I appoint a new person of authority, this person must complete the training session on the *Detailed Requirements* if it is not already done;
- iii. that I must immediately notify the AQTr if there is a change of person of authority (art. 2.26 and 4.80) and appoint a successor by submitting again the present form dully filled in;
- iv. that if the person who I have appointed as the person of authority of the school ceases to hold the position for which they were appointed, I, the duly authorized representative who appointed the person of authority, will be considered by default the new person of authority of the school for the *Detailed Requirements*. I understand that if after 30 days following the change of person of authority notice, I have not nominated anyone, I will have to attend the training on the *Detailed Requirements*, if necessary.

I hereby declare that the information provided on the present declaration is complete and accurate to the best of my knowledge (art. 2.5).

2

Statement of the Person of Authority of the School

NB. – This section must be completed by the duly authorized person who is the self-appointed person of authority or by the person appointed by the above-mentioned duly authorized person.

I, _____ the undersigned, _____ (first and last name) _____ born on _____ (YY-MM-DD) _____ and living at this address (address, city, province, zip code) _____ attest that I am the person of authority of the driving school (name of the school) _____.

I read the *Detailed Requirements* and I understand that as the person of authority of the above-mentioned recognized driving school:

- i. I must follow a training session on the *Detailed Requirements* (art. 2.4) and attend update sessions provided by the accredited body (art. 6.1);

- ii. I am responsible for respecting and ensuring the respect of the *Detailed Requirements* (art. 4.79);
- iii. I must immediately notify the accreditation body of any changes in my status as person of authority (art. 4.80);
- iv. I must include with the present form an *Attestation of a Criminal Background Check* of myself (appendix 2-6).

I declare:

- i. that during the five (5) years preceding the application for recognition, that I was not been found guilty, of misconduct, did not commit an offense or wrongdoing related to business or professional ethics or any other act inconsistent with a driving school's activities (art. 2.4 e i.);
- ii. that during the five (5) years preceding the application for recognition, that I did not contributed to non-compliance with the *Detailed Requirements* and as a result caused the withdrawal of recognition from a driving school (art. 2.4. e ii.);
- iii. that I was not a person of authority of a driving school whose recognition granted by an accreditation body was withdrawn during the five (5) years preceding the application for recognition (art. 2.4. e iii.);
- iv. that I have not been a training officer and had my training officer card revoked during the five (5) years preceding the application for recognition (art. 2.4. e iv.);
- v. that I am not in a situation that undermines business or professional ethics and which is inconsistent with a driving school's activities (art. 2.4. f);
- vi. that I am not acting as a nominee, or have been suspended or investigated by the accreditation body while acting as a person of authority of a driving school or as a training officer, as the case may be, for non-compliance with the *Detailed Requirements* (art. 2.4. g);
- vii. that I have not pleaded guilty or been convicted of an offense that is inconsistent with a driving school's activities during the past five (5) years preceding the application for recognition or at any time if the offense breached the respect or safety of individuals or constituted a misconduct, an act of disorderly conduct or a sexual offense, unless in both instances, I have been pardoned (art. 2.4. h);
- viii. that I am not an undischarged bankrupt (art. 2.4. j));
- ix. that I do not have an outstanding debt owed to an accreditation body for goods and services supplied or to be supplied as part of the *Detailed Requirements* (art. 2.4. i)).



x. that the information provided on the present declaration is complete and accurate to the best of my knowledge. Also, I authorize and consent to the accreditation body completing any useful or necessary verifications of information that concerns me (art. 2.5. and appendix 2-1).

Signature of the duly authorized representative

Date

Signature of the person of authority

Date

Email address of the person of authority _____