



REQUEST FOR A MEMORANDUM OF UNDERSTANDING (PROTOCOL)

Division de l'information policière
5967, rue Verdun
Verdun, Québec
H4H 1M5

IDENTIFICATION OF THE APPLICANT			
NAM OF THE organization			PHONE
ADDRESS			FAX
IDENTIFICATION OF THE PERSON RESPONSIBLE FOR THE VERIFICATION OF JUDICIAL RECORDS (holder of the licence or representative of the employer). If you register the name of a person <u>OTHER THAN THE ONE ABLE TO ACT ON BEHALF OF THE ENTREPRISE</u> , you must provide us with a resolution of your board of directors appointing the chosen representative.			
NAME	SURNAME	GENDER M <input type="checkbox"/> F <input type="checkbox"/>	DATE OF BIRTH (YY/MM/DD)
TITLE			PHONE
IDENTIFICATION OF THE SUBSTITUTE <u>MANDATORY</u> (if the person responsible is unable to act)			
NAME	SURNAME	DATE OF BIRTH (YY/MM/DD)	
TITLE			PHONE
IDENTIFICATION OF THE SECONDARY SUBSTITUTE <u>OPTIONAL</u>			
NAME	SURNAME	DATE OF BIRTH (YY/MM/DD)	
TITLE			PHONE

DO NOT FORGET TO JOIN :

- **A copy of the letter from the Ministère de la famille, des aînés, et de la condition féminine, that you assign your establishment number,**
- **A copy of the charter or letter of patent or certificate of the registrar.**

All the persons registered on this form must be present at the selected date of signature of the protocol. Thank you!

