

- (5) the loggerhead shrike (*Lanius ludovicianus*);
- (6) the piping plover (*Charadrius melodus*);
- (7) the Eastern spiny softshell (*Apalone spinifera*).

DIVISION II VULNERABLE WILDLIFE SPECIES

- 2.** The Western chorus frog (*Pseudacris triseriata*) is designated as a vulnerable species.

DIVISION III FINAL

- 3.** This Regulation replaces the Copper Redhorse Regulation, made by Order in Council 257-99 dated 24 March 1999.

- 4.** This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

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Draft Regulation

Travel Agents Act
(R.S.Q., c. A-10)

Travel agents — Amendments

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), that the Regulation to amend the Regulation respecting travel agents, the text of which appears below, may be made by the Government upon the expiry of 45 days following this publication.

The main purpose of the draft is to harmonize the Regulation with the amendments to the Travel Agents Act made by the Act respecting the implementation of the Agreement on Internal Trade (1997, c. 9) and with those made by the Act respecting the implementation of the Act respecting administrative justice (1997, c. 43). The draft Regulation also proposes concordance amendments of technical nature, such as the replacement of the Licence Application form prescribed in Schedule A.

The amendments will have no impact on the present legislative and regulatory burden imposed on the travel industry.

Further information may be obtained by contacting Mr. Gérard Denis, Office de la protection du consommateur, 5199, rue Sherbrooke Est, bureau 3721, Montréal (Québec), H1T 3X2; tel.: (514) 873-8601, fax: (514) 864-2400.

Any person having comments to make is asked to send them in writing, before the expiry of the 45-day period, to the Minister of Relations with the Citizens and Immigration, 360, rue McGill, 4^e étage, Montréal (Québec), H2Y 2E9.

ROBERT PERREAULT,
*Minister of Relations with the
Citizens and Immigration*

Regulation to amend the Regulation respecting travel agents*

Travel Agents Act
(R.S.Q., c. A-10, s. 36, 1st par., subpars. *b*, *c*, *e*
and *i*; 1997, c. 9 and c. 43)

1. Section 5 of the Regulation respecting travel agents is amended in the French version by substituting the words “délivré” and “délivrés” for the word “émis” wherever it appears.

2. Section 6 is amended

(1) by deleting subparagraphs *ii* and *iii* of paragraph *a*;

(2) by substituting the following for subparagraph *iv* of paragraph *a*:

“*iv.* furnish his name and date of birth, the address of his domicile or main residence, telephone number and, where applicable, fax number, and undertake to inform the president without delay of any change in those particulars;

v. in the case of a person acting on behalf of an association, partnership or legal person, furnish the name and address of the managers, directors, partners and silent partners of the undertaking and specify their status and interest in the undertaking;”;

* The Regulation respecting travel agents (R.R.Q., 1981, c. A-10, r.1) was last amended by the Regulation made by Order in council 601-94 dated 27 April 1994 (1994, *G.O.* 2, 1587). For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Éditeur officiel du Québec, 1999, updated to 1 March 1999.

(3) by substituting the following for subparagraph *i* of paragraph *b*:

“i. not have been found guilty of fraud, forgery or fraudulent operations in any contractual or commercial matter;”;

(4) by substituting the words “legal person” for the word “corporation” in paragraphs *b* and *c*;

(5) by substituting the following for paragraph *d*:

“(d) i. in the case of a retail travel agent, establish and maintain a principal establishment open to the general public without distinction;

ii. in the case of a wholesale travel agent, establish and maintain a principal establishment open to retail travel agents;”;

(6) by substituting, in the French version of paragraph *e*, the words “titulaire d’un permis délivré” for the words “détenteur d’un permis émis”; and

(7) by substituting the following for paragraph *g*:

“(g) i. where a travel agent is required to register, furnish the registration number assigned under the Act respecting the legal publicity of sole proprietorships, partnerships and legal persons (R.S.Q., c. P-45), a copy of the declaration of registration and a copy of any updating declaration provided for in that Act;

ii. in the case of a legal person, furnish a true copy of the constituting act and, where applicable, of any document amending the constituting act;”.

3. The designation “Form LAV-1” is substituted for “Form 1-76” in the part preceding paragraph *a* of sections 7 and 8.

4. Section 10 is amended

(1) by substituting the word “titulaire” for the word “détenteur” in the French version of the first paragraph; and

(2) by substituting the expression “Form LAV-1” for “Form 1-76” in the second paragraph.

5. The following is substituted for section 11:

“**11.** The holder of a travel agent’s licence must frame his licence and post it in a conspicuous place in his principal establishment so that it is readily readable by the clients.

Where applicable, he must also do it in each establishment with the licence duplicate issued for that establishment.”.

6. The word “titulaire” is substituted for the word “détenteur” wherever it appears in the French version of section 14.

7. The words “acquiescence in the judgment” are substituted for the words “confession of judgment” in subparagraph *a* of section 28.

8. The following is substituted for subsection 2 of section 29:

“(2) Travel agents operating more than one establishment: where a travel agent operates more than one establishment, once the principal establishment and one or more other establishments have completed two years of activity, the security to be provided may be calculated by adding the turnover of the principal establishment and of each of the other establishments having completed two years of activity, provided they all carry on similar activities, either as a retailer or wholesaler, and that such activities be carried on under the same legal entity. In such case, the security must indicate the complete designation of the undertaking and of each establishment to be covered by such security. During the first two years of activity of an establishment other than the principal, the security to be provided must be calculated as if that establishment was a legal entity distinct from the principal establishment.”.

9. The word “titulaire” is substituted for the word “détenteur” in the French version of section 35.

10. The word “délivrer” is substituted for the word “émettre” in the French version of section 37.

11. The following is substituted for subsection 4 of section 38:

“(4) Where a travel agent operates more than one establishment, once the principal establishment and one or more other establishments have completed two years of activity, the contribution to be provided may be calculated by totalling the turnovers of the principal establishment and of each other establishment having completed two years of activity, provided they all carry on similar activities, either as a retailer or a wholesaler, and provided that those activities are carried on under the same legal entity. During the first two years of activity of an establishment other than the principal, the contribution to be provided shall be calculated as if that establishment was a legal entity distinct from the principal establishment.”.

12. The words “pertaining to presumed sound investments provided for in the Civil Code” are substituted for the words “established in articles 981 o *et seq.* of the Civil Code” in the first paragraph of section 42.

13. Form LAV-1 attached to this Order in Council is substituted for Form 1-76 in Schedule A to the Regulation.

14. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

SCHEDULE



Gouvernement du Québec
Office de la protection du consommateur
Direction des affaires juridiques et des pratiques commerciales
Service des permis

APPLICATION FOR A TRAVEL AGENT'S LICENCE

Form LAV-1

RESERVED FOR THE OFFICE

Licence No.:

Merchant No.:

Division 1 - Type of application and licence class (See guide on page 2)	
<p>1.1 TYPE OF APPLICATION - (Check ✓ the applicable box)</p> <p><input type="checkbox"/> First application</p> <p><input type="checkbox"/> Change of holder : reason <input type="radio"/> death <input type="radio"/> resignation <input type="radio"/> other _____</p>	
<p>1.2 THIS APPLICATION IS MADE AS :</p> <p><input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Carrier, check the category : <input type="radio"/> air <input type="radio"/> maritime <input type="radio"/> road <input type="radio"/> rail</p>	
<p>1.3 DOES THE TRAVEL AGENT FOR THE BENEFIT OF WHOM THIS APPLICATION IS MADE ALSO CARRY ON BUSINESS AS A :</p> <p><input type="checkbox"/> Retailer / licence No. : _____ <input type="checkbox"/> Wholesaler / licence No. : _____ <input type="checkbox"/> Carrier / licence No. : _____</p>	
Division 2 - Personal identification of applicant (natural person)	
<p>2.1 SURNAME, GIVEN NAME AND PERSONAL ADDRESS</p> <p>Surname, given name : _____</p> <p>No. street : _____</p> <p>Town : _____</p> <p>Prov. : _____ Postal code : _____</p> <p>Telephone : _____ Fax : _____</p>	
<p>2.2 DATE OF BIRTH YR _____ MTH _____ DAY _____</p>	
<p>2.3 MAILING ADDRESS, IF DIFFERENT : </p> <p>Language : <input type="checkbox"/> French <input type="checkbox"/> English</p> <p>Name : _____</p> <p>No. street : _____</p> <p>Town : _____ Prov. : _____ Postal code : _____</p>	
Division 3 - Legal registration of the merchant declared to the Inspector General of Financial Institutions (IGFI) - (Sole proprietorship, partnership or legal person)	
<p>3.1 NAME AND ADDRESS OF PRINCIPAL ESTABLISHMENT IN QUÉBEC, FOR WHICH A LICENCE IS REQUESTED</p> <p>Name of legal entity _____</p> <p>Address of principal establishment</p> <p>No. street : _____</p> <p>Town : _____ Province : _____</p> <p>Province : _____ Postal code : _____</p> <p>Telephone : _____ Fax : _____</p> <p>E-mail address : _____</p>	<p>3.3 NAME AND ADDRESS OF THE UNDERTAKING'S CORPORATE SEAT (If different from item 3.1)</p> <p>Name _____</p> <p>No. street : _____</p> <p>Town : _____ Province : _____</p> <p>Country : _____ Postal code : _____</p> <p>Telephone : _____ Fax : _____</p>
<p>3.2 DATE OF BEGINNING OF COMMERCIAL ACTIVITIES IN QUÉBEC YR _____ MTH _____ DAY _____</p>	
<p>3.4 ENTER THE OTHER NAMES USED IN QUÉBEC (Attach registration copies)</p> <p>Check ✓ the name(s) that must appear on your licence :</p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>	
<p>3.5 NUMBER OF ESTABLISHMENTS IN QUÉBEC FOR WHICH A LICENCE IS REQUESTED (Fill out and attach Schedule A).</p> <p>_____</p>	
<p>3.6 TYPE OF UNDERTAKING- (Check ✓ the applicable box)</p> <p><input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Legal person (company) <input type="checkbox"/> Association</p>	
<p>3.7 REGISTRATION Date : YR _____ MTH _____ DAY _____ Registration number : _____</p> <p>(Attach a true copy of the declaration of registration provided by the IGFI)</p>	
<p>3.8 CONSTITUTING ACT Federal <input type="checkbox"/> Provincial <input type="checkbox"/> Other <input type="checkbox"/> :</p> <p>(Attach a copy of your constituting act (charter)</p>	
<p>3.9 NAME AND PERSONAL ADDRESS OF THE PERSONS RELATED TO THE UNDERTAKING</p> <p>Fill out and attach Schedule B. (Only if the merchant is a partnership or legal person «company»)</p>	

Division 4 - Application of the Act	
4.1	<p>A) Has the applicant, association, partnership, legal person on whose behalf the licence is applied for, or an officer, a director or a partner of the association, partnership or legal person on whose behalf the licence is requested :</p> <ul style="list-style-type: none"> ■ exercised the functions of a travel agent and gone bankrupt in the last five years ? yes <input type="checkbox"/> no <input type="checkbox"/> ■ been found guilty of an offence against the Travel Agents Act or of fraud, forgery or fraudulent operations in contractual or commercial matters ? yes <input type="checkbox"/> no <input type="checkbox"/> <p>B) Has the applicant, a director or a partner of the association, partnership or legal person on whose behalf the licence is applied for been an officer, a director or a partner of an association, partnership or legal person that has exercised the functions of a travel agent and has gone bankrupt during the last five years or that has been found guilty of an offence against the Travel Agents Act or of fraud, forgery or fraudulent operations in contractual or commercial matters ? yes <input type="checkbox"/> no <input type="checkbox"/></p>
4.2	<p>IF THE ANSWER TO ONE OF THE ABOVE QUESTIONS IS YES, PLEASE SPECIFY : NOTE : Attach an additional sheet if you lack space</p> <ul style="list-style-type: none"> ■ Name of person : ■ Nature of offence or reason : ■ Date of judgment : ■ Court record No. : ■ Fine imposed and paid : ■ Other information :
Division 5 - Security and duties	
<p>Cost of licence</p> <p>5.1 AMOUNT OF DUTIES : \$ <input style="width: 50px;" type="text"/></p> <p>5.2 FORM OF PAYMENT : Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Postal money order <input type="checkbox"/> Bank money order <input type="checkbox"/></p>	
<p>Individual security</p> <p>5.3 TYPE OF SECURITY AND AMOUNT PROVIDED : (Check the applicable box(es).)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual guarantee policy - Amount : \$ <input style="width: 50px;" type="text"/> <input type="checkbox"/> Bond - Amount : \$ <input style="width: 50px;" type="text"/> <input type="checkbox"/> Money - Amount : \$ <input style="width: 50px;" type="text"/> <input type="checkbox"/> Cheque - Amount : \$ <input style="width: 50px;" type="text"/> <p>Specify the number and name of the institution providing security</p> <p>5.4 Policy No. : <input style="width: 150px;" type="text"/></p> <p>5.5 Name : _____ No. street : _____ Town : _____ Province : _____ Postal code : _____ Telephone : _____ Fax : _____</p>	
<p> Attach the <u>original</u> of the guarantee policy</p> <p>CAUTION : Your guarantee policy must bear the same name(s) and address as your declaration of registration with the IGFI. (See items 3.1 and 3.4, page 1 of this form)</p>	

Collective security

5.6 AMOUNT PROVIDED : \$

5.7 FORM OF PAYMENT : Money Certified check Postal money order Bank money order

Division 6 - Financial information

6.1 DATE OF YOUR FISCAL YEAR from : MTH ____ DAY ____ to : MTH ____ DAY ____

6.2 DECLARATION OF A TRUST ACCOUNT
(Fill out and attach Schedule C)

6.3 DESIGNATION OF A SIGNER (OPTIONAL)
(Fill out and attach Schedule C-1)

6.4 NAME AND ADDRESS OF THE EXTERNAL ACCOUNTANT-AUDITOR OF THE TRAVEL AGENT :

Name : _____

No. street : _____

Town : _____

Province : _____ Postal code : _____

Telephone : _____ Fax : _____

6.5 IS HE OR SHE A ? CA CGA CMA Other (specify) : _____

Division 7 - Personal information on the applicant

7.1 ARE YOU A CANADIAN CITIZEN ? yes no

Functions of a travel agent

7.2 HAVE YOU EXERCISED THE FUNCTIONS OF A TRAVEL AGENT OR CONSULTANT FOR AT LEAST TWO YEARS ON A FULL-TIME AND PERMANENT BASIS ?


a) For your own account ?
yes no from : YR ____ MTH ____ DAY ____ to : YR ____ MTH ____ DAY ____

b) For the account of (an)other travel agent(s) ?
yes no from : YR ____ MTH ____ DAY ____ to : YR ____ MTH ____ DAY ____

c) If you answered yes in a) or b), enter the name(s) used to exercise those functions :

Name : _____	Name : _____
No. street : _____	No. street : _____
Town : _____	Town : _____
Province : _____ Postal code : _____	Province : _____ Postal code : _____
Telephone : _____ Fax : _____	Telephone : _____ Fax : _____

7.3 DO YOU HAVE FINANCIAL INTERESTS OR OTHER INTERESTS WITH A TRAVEL AGENT OTHER THAN THE ONE FOR WHOM THIS APPLICATION IS MADE ? yes no

IF YES, WHAT IS YOUR FUNCTION ?  _____

Specify the name(s) of the other travel agent

Name : _____	Name : _____
No. street : _____	No. street : _____
Town : _____	Town : _____
Province : _____ Postal code : _____	Province : _____ Postal code : _____
Telephone : _____ Fax : _____	Telephone : _____ Fax : _____

7.4 DO YOU INTEND TO EXERCISE THE PROFESSION OF TRAVEL AGENT ON A PERMANENT AND FULL-TIME BASIS, AT THE PRINCIPAL ESTABLISHMENT OF THE AGENCY ? yes no

7.5 LIST YOUR OCCUPATIONS OF THE LAST FIVE YEARS. (Fill out and attach Schedule D).

7.6 IS THE AGENCY YOU ARE REPRESENTING A PROFIT-SEEKING UNDERTAKING ? yes no

Division 8 - Certification

I _____
(write in block letters)

declare that the information provided in this application and all attached documents is true and complete.

Signed at : _____, on the _____ day of _____ 19 _____

The applicant undertakes to notify the president in writing and without delay of any change occurring in the above information during the validity period of the licence.

Applicant's signature

Position

«The applicant recognizes that, to obtain the security necessary for the issue of the licence, the Surety will bind himself with the applicant's express consent within the meaning of the first paragraph of article 2356 of the Civil Code of Québec, even if the applicant does not sign the security.»

Any false statement makes the applicant liable to the penalties provided for in the Travel Agents Act.



Gouvernement du Québec
 Office de la protection du consommateur
 Direction des affaires juridiques et des pratiques commerciales
 Service des permis

Form LAV-1

SCHEDULE A - IDENTIFICATION OF ESTABLISHMENTS

Enter all the other establishments owned by the merchant in Québec
 (Attach an additional sheet if you lack space)

Name No. street Town Province Postal code Telephone : Fax :	Name No. street Town Province Postal code Telephone : Fax :
Name No. street Town Province Postal code Telephone : Fax :	Name No. street Town Province Postal code Telephone : Fax :
Name No. street Town Province Postal code Telephone : Fax :	Name No. street Town Province Postal code Telephone : Fax :

SCHEDULE B - IDENTIFICATION OF PARTNERS OR DIRECTORS

Enter the names and personal addresses of the partners or directors
 (Attach an additional sheet if you lack space)

Surname Given name Date of birth % Participation Position in partnership or legal person No. street Town Province Postal code Telephone : Fax :	Surname Given name Date of birth % Participation Position in partnership or legal person No. street Town Province Postal code Telephone : Fax :
Surname Given name Date of birth % Participation Position in partnership or legal person No. street Town Province Postal code Telephone : Fax :	Surname Given name Date of birth % Participation Position in partnership or legal person No. street Town Province Postal code Telephone : Fax :
Surname Given name Date of birth % Participation Position in partnership or legal person No. street Town Province Postal code Telephone : Fax :	Surname Given name Date of birth % Participation Position in partnership or legal person No. street Town Province Postal code Telephone : Fax :



Gouvernement du Québec
Office de la protection du consommateur
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Service des permis

TRAVEL AGENT / SCHEDULE C (FORM LAV-1)

**FORM TO DECLARE THE OPENING OF
A TRAVEL AGENT'S TRUST ACCOUNT**

EVERY TRUST ACCOUNT SHALL BE OPENED AND MAINTAINED IN QUÉBEC
FOR EACH CURRENCY, THERE MUST BE A DISTINCT ACCOUNT AND A DISTINCT DECLARATION
SHALL BE MADE FOR EACH TRUST ACCOUNT
WHENEVER A CHANGE OCCURS IN THE TRUST ACCOUNT'S SIGNERS OR CO-SIGNERS,
A NEW AUTHORIZATION SHALL BE PROVIDED TO THE OPC

Legal registration of merchant

Name of legal entity : _____
Address of principal establishment : _____
Town/prov. : _____ Postal code : _____
Telephone : _____ Fax : _____
Other names declared to the IGFI : 1- _____
2- _____
3- _____
4- _____

Designation of trust account covered by this declaration

Account No. : _____ Currency : _____
Name of financial institution : _____
Transit No. of financial institution : _____
Address of financial institution : _____
Town/prov.: _____ Postal code : _____
Telephone : _____ Fax : _____

Identity of each of the trust account's signer or co-signer

1. Licensee
Surname : _____ Given name(s) : _____
(block letters) (block letters)
Signature of licensee (compulsory) : _____
2. Signer or Co-signer
Surname : _____ Given name(s) : _____
(block letters) (block letters)
Signature of authorized signer or co-signer : _____
3. Signer or Co-signer
Surname : _____ Given name(s) : _____
(block letters) (block letters)
Signature of authorized signer or co-signer : _____

Certification of financial institution

I have read the information above and I declare that it is authentic, in the name of the financial institution.

Surname : _____ Given name(s) : _____
(block letters) (block letters)
Position : _____
Signature : _____ Date : _____

THE INSTITUTION SHALL AFFIX ITS SEAL OR ANOTHER CERTIFICATION PROOF ON THE COPY INTENDED FOR THE OPC; IT SHALL ALSO KEEP ITS OWN COPY.



Gouvernement du Québec
Office de la protection du consommateur
Direction des affaires juridiques et des pratiques commerciales
Service des permis

TRAVEL AGENT / SCHEDULE C-1 (Form LAV-1)

FORM TO AUTHORIZE A SIGNER OR CO-SIGNER
FOR A TRAVEL AGENT'S TRUST ACCOUNT

EVERY TRUST ACCOUNT SHALL BE OPENED AND MAINTENED IN QUÉBEC

FOR EACH CURRENCY, THERE MUST BE A DISTINCT ACCOUNT AND A DISTINCT DECLARATION SHALL BE MADE FOR EACH TRUST ACCOUNT

WHENEVER A CHANGE OCCURS IN THE TRUST ACCOUNT'S SIGNERS OR CO-SIGNERS, A NEW AUTHORIZATION SHALL BE PROVIDED TO THE OPC

I, the undersigned _____, licensee
No. _____, of the travel agency _____, declare that I have read section 27
of the Regulation respecting travel agents (R.R.Q. 1981, c. A-10,r.1). Under that section, I authorize the person
identified below to act on my behalf, from _____ to _____, as a (check one
box only):

SIGNER or CO-SIGNER of the trust account designated below.

Signature of licensee _____

Date _____

Identification of authorized signer or co-signer

Surname : _____ Given name(s) : _____
(block letters) (block letters)

Personal address: _____

Town/prov.: _____ Postal code : _____

Telephone : _____ Fax : _____

Signature of authorized person : _____

Designation of trust account covered by the authorization

Account No.: _____ Currency : _____

Name of financial institution : _____

Transit No. of financial institution : _____

Address of financial institution : _____

Town/prov.: _____ Postal code : _____

Telephone : _____ Fax : _____

Certification of financial institution

I have read the information above and I declare that it is authentic, in the name of the financial institution.

Surname : _____ Given name(s) : _____
(block letters) (block letters)

Position : _____

Signature : _____ Date : _____

THE INSTITUTION SHALL AFFIX ITS SEAL OR ANOTHER CERTIFICATION PROOF ON THE COPY INTENDED FOR THE OPC; IT SHALL ALSO KEEP ITS OWN COPY.



Gouvernement du Québec
 Office de la protection du consommateur
 Direction des affaires juridiques et des pratiques commerciales
 Service des permis

Form LAV-1

SCHEDULE D - LIST OF OCCUPATIONS IN THE LAST FIVE YEARS

List your occupations during the last five years, beginning with the most recent
 (Attach an additional sheet if you lack space)

Employer Duration of employment : from to Occupation No. street Town Province Postal code Telephone : Fax :	Employer Duration of employment : from to Occupation No. street Town Province Postal code Telephone : Fax :
Employer Duration of employment : from to Occupation No. street Town Province Postal code Telephone : Fax :	Employer Duration of employment : from to Occupation No. street Town Province Postal code Telephone : Fax :
Employer Duration of employment : from to Occupation No. street Town Province Postal code Telephone : Fax :	Employer Duration of employment : from to Occupation No. street Town Province Postal code Telephone : Fax :
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