Barreau du Québec

# 3492 – APPLICATION FOR A SPECIAL AUTHORIZATION

## For a person working remotely (Section 42.4 Professional Code)

## PART A ■ Professional contact information about applicant

### 1. Personal information

Last name:_____ First name:_____

Full address:_____

### 2. Professional contact details

Full address:_____

Telephone:_____ Fax:_____

Email:_____

### 3. Bar membership(s)

I am a member of the following bar(s):

Name of bar:_____ Date admitted:_____

Member number:_____ Status:_____

Name of bar:_____ Date admitted:_____

Member number:_____ Status:_____

*Please enclose a certificate of good standing issued by the authorized officer of the bar of which you are a member, attesting that you are authorized to practice law outside Quebec. You authorize us to carry out the necessary verifications with your officer of the bar.*

### 4. I am attaching a certificate from my professional liability insurer guaranteeing that the professional services rendered by me in Quebec are insured.

(03/2025)

## PART B ■ Undertaking to practice remotely in Quebec

I declare that the following facts relating to the practice of the profession I intend to carry on in Quebec are true and undertake to maintain them at all times during the period for which this special authorization is granted:

- I will not provide any services to Quebec clients .
- I will not practice Quebec law (with the exception of federal law for Canadian lawyers) .
- I will not represent clients before Quebec courts, tribunals or agencies.
- I will not use a professional (trust or general) bank account in Quebec.
- I will not charge any fees in Quebec.
- My professional address will be outside Quebec.
- I will not mention a Quebec address on any correspondence or other documents produced in the course of my practice (letters, emails, invoices, proceedings, etc.).
- My clients will not be notified that I practice in Quebec.
- I will not advertise or solicit clients in Quebec.

### Employer's statement:

I_____(first and last name), _____(title),

duly authorized representative of _____(company or partnership) declare that the applicant is exclusively employed by us and has notified me of this application and the conditions attached hereto.

**SIGNATURE OF EMPLOYER'S AUTHORIZED REPRESENTATIVE:**_____

**DATE:**_____

### Professional liability insurance:

Quebec lawyers have professional liability coverage of $10 million.

Canadian or foreign lawyers who obtain special authorization to practice in Quebec in a specific case pursuant to section 42.4 of the *Professional Code*, must have professional liability insurance which the coverage is not necessary of at least $10,000,000

## PART C ■ Special authorization

Canadian or foreign lawyers who obtain special authorization to practice in Quebec under section 42.4 of the *Professional Code* are authorized to practice law in accordance with the conditions of this authorization. They must therefore act within the parameters of this authorization.

## PART D ■ Jurisdiction of local bar

In the even of a dispute with respect to the professional services rendered by a Canadian or foreign lawyer who has obtained special authorization to practice in Quebec under section 42.4 of the *Professional Code*, complaints must be submitted to the bar of which the lawyer is a member. The Barreau du Québec has no jurisdiction to deal with complaints arising from the case.

## PART E ■ Administrative fees

The administrative fee is $253. Renewal applications are free of charge.

Credit card payment (Visa or Mastercard): please visit www.barreau.qc.ca/paiement and select form **#3492.**

## PART F ■ Declaration

I undertake to practice law in Quebec in accordance with this special authorization.

I undertake to fulfill all obligations set out in the *Act respecting the Barreau du Québec*, the *Code of Professional Conduct of Lawyers* and the other regulations of the Barreau du Québec.

I agree to **immediately** notify the Barreau du Québec of any change in the information provided in this application.

_____

Signature of the applicant

## Commissionner of Oaths

Solemnly affirmed before me at _____ , this _____ day of _____ on the year_____.

_____

(Commissioner for oaths)

Commissioner's no.:_____

**Special authorization to practice duly granted on**_____

_____

**President of the Barreau du Québec**

**This authorization is valid for a period not exceeding twelve months, subject to compliance with the conditions set out herein. It may be renewed by the President upon request.**

## RETURN BY EMAIL: permis@barreau.qc.ca

☐ this duly completed form ☐ a certificate of good standing*

☐ professional liability insurance certificate ☐ receipt for payment

**Secretariat of Order**

* Please note that the administrative fee is only required once a year, for the period from January 1st to December 31, 2025. If you have already made the payment for the current year, please attach proof of payment.