



**BUSINESS NAME:** \_\_\_\_\_  
**EMPLOYER'S NUMBER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY / POSTAL CODE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

### SECTION 5.01 - REFERENCE YEAR

1) Period extending from 1 May of the preceding year to 30 April of the current year

**OR**

2) Calendar year (January to December)

**OR**

3) Collective agreement (specify the dates and union name)

from \_\_\_\_\_ to \_\_\_\_\_

Union: \_\_\_\_\_

**NOTE: Your choice will stay effective during the term provided for in section 9.01.**

⇒ THIS DOCUMENT MUST BE SIGNED BY AN **ADMINISTRATOR, OWNER OR PARTNER OF THE BUSINESS** AND BE RETURNED BY EMAIL : **formulaire@cpasecurite.qc.ca**

Type of business : business corporation  sole proprietorship  general partnership (s.e.n.c.)   
other \_\_\_\_\_

\_\_\_\_\_  
Name (block letters)

\_\_\_\_\_  
Signature