

## AGENCY LICENCE APPLICATION

### Submit your application:

- **Online** via the special section **APPLY ONLINE** on **bspquebec.ca**.
- **By mail** to the following address:  
1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

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**NOTICE :** Not filling out all sections of this form or not sending all required documents or payment could lead to the inadmissibility of your application and return of your documents, and / or significantly delay the processing of your application.

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### BEFORE PROCEEDING

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#### Please read the following instructions carefully:

- All pages and required appendixes must be **filled out**, **dated** and **signed**, when required, including the payment sheet.
- The information written must be neat, legible and in block letters.
- The form must be filled out and signed by the agency representative duly nominated in Appendix 1.
- The representative must:
  - be at least 18 years of age;
  - be duly nominated in Appendix 1;
  - read the declaration (Section N) and sign where indicated; and
  - take the interactive online training “The Agency Representative” within 6 months of the issuance of the agency’s licence. The procedure will be communicated to you at the time of issuance of the licence, if applicable. For more information, go to [bspquebec.ca](http://bspquebec.ca).

Note: The representative is not required to be an officer of the agency

## DOCUMENT CHECKLIST

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The licence application must include **all** of the following documents:

- Original and complete “Agency Licence Application” form, duly **filled out**, **dated** and **signed**.
- Payment of fees provided in Section O, a **portion of which is non-refundable** (see Section P for methods of payment).
- A copy of the agency’s constituting documents according to its legal form:
  - o **Sole proprietorship**: Declaration of registration, if applicable.
  - o **Corporation, cooperative, non-profit corporation**: Deed of incorporation or letters patent, as the case may be.
  - o **General partnership, limited partnership**: Partnership agreement, if incorporated under a contract, or if not, declaration of registration.
- Appendix 1 - Nomination of representative**, duly filled out, dated and signed by an authorized person.
- Appendix 2 - Other establishment(s) in Québec**, if the number of establishments in Québec requires it, as required in Sections C and D.
- Appendix 3 - Certificate of insurance**, duly filled out, dated and signed, proving the agency is protected by a civil liability insurance policy of at least \$1,000,000 per incident and covering the reparation of the bodily injuries, moral damages and material damages which could result from the agency’s activities.
- The original surety bond** in the method chosen in section F:
  - o By insurance policy/contract;
  - o By pledge of a sum of money - Complete Appendix 4;
  - o By pledge of bond.
- Appendix 5 - Security verification of owners, shareholders, partners, directors**, if you check the “Legal entity” box in Section L.
- A copy of the bankruptcy judgment and certificate of discharge, if applicable, if you answer “Yes” in Section E.

**IMPORTANT: PLEASE DO NOT SEND ORIGINAL DOCUMENTS, EXCEPT THE SECURITY BOND**

## FORM – AGENCY LICENCE APPLICATION

### SECTION A: LICENCE(S) FOR WHICH THE APPLICATION IS FILED

**Class(es) for which this application is filed:** (Check all boxes that apply).

<input type="checkbox"/> Security guarding	<input type="checkbox"/> Locksmith work	<input type="checkbox"/> Transport of valuables
<input type="checkbox"/> Investigation	<input type="checkbox"/> Electronic security systems	<input type="checkbox"/> Security consulting

### SECTION B: AGENCY'S IDENTIFICATION

**Legal entity's name**

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**Québec Enterprise Number (NEQ)**

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**Does the agency operate under other names (corporate names)?**  No  Yes, specify:  
(Add a sheet if necessary. Please note those names will appear on the agency licence and in the Register of Licence Holders.)

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### SECTION C: HEAD OFFICE ADDRESS (A post office box will not be accepted.)

Write here the address of the legal domicile of the enterprise: the head office. Please note that this information is public and will be published on the Register of Licence Holders.

<b>Civic No.</b>	<b>Street</b>	<b>Suite/Apt.</b>	<b>Postal code</b> 
<b>City</b>		<b>Province</b>	<b>Country</b>
<b>Phone number</b>		<b>Other phone number</b>	<b>Fax</b>
<b>Internet site</b>			

### SECTION D: PRINCIPAL ESTABLISHMENT\* IN QUÉBEC

**Enter here** the address of the **agency's principal establishment in Québec.**  
 If, the agency has **other establishments in Québec**, also complete **Appendix 2.**  
 Note that this information is public and will be published on the Register of Licence Holders.

Same as:  Head office\*\* (Section C)  Other, specify below:

<b>Civic No.</b>	<b>Street</b>	<b>Suite/Apt.</b>	<b>Postal code</b> 
<b>City</b>		<b>Postal code</b> 	
<b>Phone number</b>		<b>Other phone number</b>	<b>Fax</b>

\*An **establishment in Quebec** must be a physical place where your private security enterprise is operated, in whole or in part. The following are not accepted among others: a post office box, a professional services office (ex.: accountant's or lawyer's office) other than the agency itself, any other place where no activity is carried out by your enterprise in relation to its private security services.

\*\* If the **agency's head office is located outside Québec**, you are required to identify at least one establishment in Québec, which will be considered as the main establishment for the purpose of the PSA.

**SECTION E: SOLVENCY**

**Is the agency currently subject to a bankruptcy or has it gone bankrupt in the past year?**  
 No  Yes, enclose a copy of the bankruptcy judgment and certificate of discharge, if applicable.

**SECTION F: SURETY BOND**

Identify in which form the agency chooses to provide the required \$10,000 bond and submit the appropriate documentation with the application based on that selection:

- By Insurance Policy/Contract - ATTACH an original, completed, dated and signed surety bond agreement** demonstrating that the agency has a \$10,000 surety bond in favor of the Bureau de la sécurité privée, valid for the duration of the licence and covering it for its private security activities.
- By pledge of money - ATTACH the original Appendix 4** duly completed and signed by an authorized person, and the pledge of money by one of the methods authorized in Appendix 4.
- By pledge of bonds - ATTACH a description of the bonds** you wish to pledge. The Bureau will contact the representative directly once the application is received to clarify the terms and conditions of the pledge of bonds.

**SECTION G: REPRESENTATIVE'S IDENTIFICATION**

<b>Surname</b>		<b>First name</b>	
Do you use another first name and/or surname? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____			
<b>Other surname</b>		<b>Other first name</b>	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	<b>Date of birth</b> Y   Y   Y   Y   M   M   D   D	<b>SAAQ Driver's licence</b>	<input type="checkbox"/> I do not have one.
<b>Mother's maiden name</b>			
Do you hold a valid agent licence? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify its number: _____			
Is this application accompanied by an agent licence application? <input type="checkbox"/> No <input type="checkbox"/> Yes*			
*As representative, your name and surname, and your workplace contact information will be published on the Register of Licence Holders for the agency, despite any exemption from publishing on the Register that would have been granted to you as agent licence holder in the investigation class or transport of valuables class pursuant to section 81 PSA. If you benefit from such exemption and do not want to appear on the agency's Register, you cannot be a representative.			

**SECTION H: REPRESENTATIVE'S HOME ADDRESS**

<b>Civic No.</b>	<b>Street</b>	<b>Apt.</b>
<b>City</b>	<b>Province</b>	<b>Postal code</b> 
<b>Phone number (day)</b>	<b>Ext.</b>	<b>Cell phone or other phone number</b>
<b>E-mail address</b>		

**SECTION I: DECLARATION OF THE REPRESENTATIVE RELATIVE TO JUDICIAL OR DISCIPLINARY HISTORY**

Unless you have obtained a pardon, have you ever been found guilty, at any place, of a criminal or a penal offence, or a disciplinary offence under the *Private Security Act*?  
 No  Yes, specify: \_\_\_\_\_

Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the *Private Security Act*?  
 No  Yes, specify: \_\_\_\_\_

**SECTION J: REPRESENTATIVE'S WORKPLACE CONTACT INFORMATION** (A post office box will not be accepted.)

Please note that the information followed by a (\*) will be published on the Register of Licence Holders.

**Same as :**  Head office (Section C)  Principal establishment in Québec (section D)  Other, specify below:

<b>Civic No.*</b>	<b>Street*</b>	<b>Suite*</b>	
<b>City*</b>		<b>Province*</b>	<b>Postal code*</b>
<b>Phone number (day)</b>	<b>Ext.</b>	<b>Fax</b>	

**SECTION K: COMMUNICATION PREFERENCES**

The representative is the only person authorized to receive communications from the Bureau concerning the agency. All communications from the Bureau to the attention of the Agency will be sent to the representative.

Please indicate the following communications preferences (mailing address must be in Canada):

**Language of correspondence:**  French  English

**Professional e-mail address** (If you enter a professional e-mail address, we will contact you at this address for unofficial communications, if necessary, when processing your agency's file.)

**Correspondence mailing address:**

Head office (if in Canada) (Section C)  Representative's workplace address (if in Canada) (Section J)  
 Principal establishment in Québec (Section D)  Other (in Canada), specify below:

<b>Civic No.</b>	<b>Street</b>	<b>Suite</b>	
<b>City</b>		<b>Province</b>	<b>Postal code</b>

**SECTION L: SECURITY VERIFICATION OF OWNERS, SHAREHOLDERS, PARTNERS, DIRECTORS**

Please enclose additional copies of this page as needed and sign each page, if applicable.

**NOTICE** – This section must be filled out for **EVERY DIRECTOR** and **SHAREHOLDER** or **PARTNER** having a major interest in the enterprise (i.e. holding 10% or more of the voting shares or shares).

**If an agency’s director, partner or shareholder is a legal entity, you must mandatorily fill out Appendix 5 for each of those legal entities.**

**IDENTIFICATION :**  Mr.  Ms.  Legal entity (Appendix 5 is mandatory)

**STATUS:**  Director (Member of B. of D.)  Shareholder \_\_\_\_\_% of voting shares  Partner \_\_\_\_\_% of shares

Surname		First name	
Name of legal entity (if legal entity)		Québec Enterprise Number (NEQ) (if legal entity)	
Home address (Head office, if legal entity) Civic No., street		Suite/Apt.	Postal code
City		Province	Country
Phone number (day)	Ext.	SAAQ Driver’s licence <input type="checkbox"/> I do not have one.	Date of birth Y   Y   Y   Y   M   M   D   D

**IDENTIFICATION :**  Mr.  Ms.  Legal entity (Appendix 5 is mandatory)

**STATUS:**  Director (Member of B. of D.)  Shareholder \_\_\_\_\_% of voting shares  Partner \_\_\_\_\_% of shares

Surname		First name	
Name of legal entity (if legal entity)		Québec Enterprise Number (NEQ) (if legal entity)	
Home address (Head office, if legal entity) Civic No., street		Suite/Apt.	Postal code
City		Province	Country
Phone number (day)	Ext.	SAAQ Driver’s licence <input type="checkbox"/> I do not have one.	Date of birth Y   Y   Y   Y   M   M   D   D

**IDENTIFICATION :**  Mr.  Ms.  Legal entity (Appendix 5 is mandatory)

**STATUS:**  Director (Member of B. of D.)  Shareholder \_\_\_\_\_% of voting shares  Partner \_\_\_\_\_% of shares

Surname		First name	
Name of legal entity (if legal entity)		Québec Enterprise Number (NEQ) (if legal entity)	
Home address (Head office, if legal entity) Civic No., street		Suite/Apt.	Postal code
City		Province	Country
Phone number (day)	Ext.	SAAQ Driver’s licence <input type="checkbox"/> I do not have one.	Date of birth Y   Y   Y   Y   M   M   D   D

As a representative, I certify that I have received authorization from these people to transmit their personal information to the Bureau de la sécurité privée (BSP) for the purpose of security verifications with the Sûreté du Québec pursuant to section 8 PSA, the results of which will be communicated to the BSP.

**In witness whereof, I have signed:**

\_\_\_\_\_

Signature of the agency’s representative

Date | Y | Y | Y | Y | M | M | D | D |

## SECTION M: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION

Personal information is collected for the application of the *Private Security Act* and will only be used for this purpose. This information will be available only to employees for whom they are required in the performance of their duties. This information can be disclosed to third parties within the limits of the *Act respecting access to documents held by public bodies and protection of personal information*, or with the consent of the persons to whom the information relates.

## SECTION N: REPRESENTATIVE'S DECLARATION

**NOTICE** - Any false or misleading declaration with respect to this form or any document supporting this application, including the concealment of any important fact, could lead to a refusal of issuance, or the suspension or revocation of an agency licence.

I declare that I have read and understood the above-stated **NOTICE**.

I declare filing and signing this agency licence application on behalf of the enterprise identified in Section B, for which I was duly appointed to act as the representative in Appendix 1.

I declare that I am devoted full time to the activities of that enterprise and I understand that I will be the only person authorized to communicate with the Bureau de la sécurité privée regarding the agency's file.

I declare that I am aware of the responsibilities and obligations incumbent upon me as a representative and those incumbent upon the agency as an agency licence holder pursuant to the *Private Security Act* and its regulation. Moreover, I undertake to take the mandatory training offered by the Bureau to all representative. \*

**Furthermore, I undertake to inform the Bureau de la sécurité privée of any change relative to my person, as a representative, and any change relative to the agency, including any change of address and any change of director, shareholder or partner, and this, without delay.**

**Furthermore, I undertake to prove to the Bureau de la sécurité privée the continuing effect of the agency's civil liability insurance and surety bond by providing the necessary annual renewal proofs, if applicable. I also undertake to notify the Bureau at least **30 days** prior to the cancellation, termination or non-renewal of the agency's insurance or surety bond, or any reduction of guarantee or, in case of shorter term, at least as soon as the agency is notified by its insurer or broker.**

I declare that the agency is solvent and I understand that, as a private security agency, it must always remain so. I also understand that the agency has an obligation to promptly notify the Bureau of any change that may compromise its solvency, in accordance with sections 9(2) and 14 of the *Private Security Act*.

\*In virtue of the paragraph 2 of the Section 7 of the *Private Security Act*, the representative must take the training offered by the Bureau within six months following the date of issuance of the agency's licence. You will receive the procedure at the time of issuance of the licence, if applicable. For more information, go to [bspquebec.ca](http://bspquebec.ca).

.../next

I authorize the Bureau de la sécurité privée to provide the Sûreté du Québec with the information required in order to verify that the conditions stipulated in sections 7 and 8 of the Private Security Act are met and continue to be met. Moreover, I understand that the Sûreté du Québec is authorized, pursuant to the Private Security Act, to inform the Bureau de la sécurité privée of the results of such verifications, and its follow-up, and to give its opinion as to compliance with said the conditions. I also authorize the Bureau de la sécurité privée to provide the appropriate natural or legal persons with the information required in order to verify that the conditions stipulated in section 9 of the Private Security Act are met and continue to be met.

I also authorize the Bureau de la sécurité privée to contact the agency's insurer and broker, if any, to obtain any information regarding the mandatory liability insurance under the *Private Security Act* and its regulations.

I declare that all the information provided in this application and its appendixes is accurate and complete, and that any change modifying that information will be communicated to the Bureau de la sécurité privée **without delay**.

In witness whereof, I have signed:

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Signature

Date | Y | Y | Y | Y | M | M | D | D |





## SECTION O: CALCULATION OF PAYABLE FEES

To calculate the payable fees for this application, follow these four (4) steps:

### Step 1: Licence fees (one-half refundable if the licence is not issued)

Check the box(es) corresponding to each licence category applied for and write the corresponding amount on the line on the right. Add the amounts and enter the total licence fees where indicated. **Please note that only one-half of those fees is refundable if the licence is not issued. (Section 3 Regulation under the Private Security Act)**

Pricing effective from  
January 1<sup>st</sup> 2022

#### Payable fees per category

<input type="checkbox"/> Security guarding .....	<b>\$3,095.00</b>		\$ _____
<input type="checkbox"/> Investigation .....	<b>\$2,191.00</b>	+	\$ _____
<input type="checkbox"/> Locksmith work .....	<b>\$1,418.00</b>	+	\$ _____
<input type="checkbox"/> Electronic security systems .....	<b>\$1,418.00</b>	+	\$ _____
<input type="checkbox"/> Transport of valuables .....	<b>\$1,418.00</b>	+	\$ _____
<input type="checkbox"/> Security consulting .....	<b>\$2,191.00</b>	+	\$ _____
<b>Total licence(s)</b>			<b>\$ _____</b>

### Step 2 : Additional Copy fees (refundable if the licence is not issued)

If you have only one business establishment in Québec, skip to Step 3, since the licence fees (above) include the printing of one (1) licence per category for the principal establishment. Otherwise, complete the missing data below, perform the following multiplication and write the total copy fees where indicated.

Unit price for a licence copy (\$26.25 + \$1.31 GST + \$2.62 QST) →		<b>\$30.18</b>	
Quantity of establishments in Quebec (other than the principal*) →	X		
Quantity of licence classes applied for →	X		
<b>Total copy(ies) =</b>			\$

GST number (5 %) : 817788656    QST number (9.975%) : 1216343481

\*The licence fees include the price of one (1) copy for the principal establishment in Québec.

### Step 3 : Security verifications (non-refundable if the licence is not issued)

A fee for the security verification of the representative is payable in all cases. Furthermore, please check the "Other security verification(s)" box and indicate the number of people identified in Section L and in Appendix 4, if any. Multiply the amount by the cost of security verification and write the result on the line on the right. Please note that only one verification per individual is required for the same agency.

<input checked="" type="checkbox"/> Representative	1	X	<b>\$125.00</b>	<b>\$125.00</b>
<input type="checkbox"/> Other security verification(s)		X	<b>\$125.00</b>	+ \$ _____
<b>Total Security verification(s) =</b>				\$

### Step 4 : Total application fees

Add the following three amounts and write the total amount payable in Section P - Payment sheet (page 8):

- The Total Licence(s) (Step 1)		
- The Total Copy(ies) (Step 2)	+	
- The Total Security verification(s) (Step 3)	+	

**TOTAL PAYABLE FEES : =** \$

**SECTION P: PAYMENT SHEET**

**Québec Enterprise Number (NEQ)**

**METHODS OF PAYMENT**

**Select a method of payment for this transaction:**

**Cheque payable to the Bureau de la sécurité privée** (no post-dated cheques accepted)

**Bank or postal money order payable to the Bureau de la sécurité privée**

**Payment card:**

**VOUCHER FOR PAYMENT BY CARD**

NOTICE - Any missing information on this voucher will result in a refusal of your payment and a return of the application to the sender.

**Authorized payment amount** (write the TOTAL PAYABLE FEES amount of Section O): \$

**Select a method of payment for this transaction:**

**Payment card:**

Mastercard
 Mastercard Prepaid
 American Express

Visa
 Visa Prepaid
 Visa Debit

**Card number**
**Exp (MM/YY)**
**N° CVV2\***

\*N° CVV2: Security number of 3 or 4 digits on the back of your credit card.

<b>Card holder's surname</b>	<b>Card holder's first name</b>
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**AUTHORIZATION** - I authorize the Bureau de la sécurité privée to charge on my card the required amount for the processing of this application.

Date | A | A | A | A | M | M | J | J |

\_\_\_\_\_

**Card holder's signature**

Téléphone

**Interac e-Transfer** (**Recipient:** Bureau de la sécurité privée, **Email:** comptabilite@bspquebec.ca, **Security Question:** reason for payment, **Security Answer:** permis, **Reason:** Name, First name, Date of Birth (DAY,MONTH,YEAR), Email and Phone)

**Cheque payable to the Bureau de la sécurité privée**  
(mail-in application only - no post-dated cheques accepted)

**Bank or postal money order payable to the Bureau de la sécurité privée**  
(mail-in application only)



## APPENDIX 1 - MANDATORY APPOINTMENT OF REPRESENTATIVE

(Section 2(4.1) of the *Regulation under the Private Security Act*, CQLR, c. S-3.5, r.1)

### INSTRUCTIONS

The BSP accepts the signature of one of the following persons, **other than the representative himself or herself**:

- A. Authorized person ex officio:** A natural person who, by virtue of his status alone, may sign documents on behalf of the agency. This status may differ depending on the legal form of the enterprise. In the case of:
  - Corporation\*:** They are the President, Vice-President, Secretary or Treasurer on the Board of Directors.
  - Individual enterprise\*:** It is the sole proprietor.
  - Partnership:** It is one of the partners.
  - Limited partnership:** It is one of the general partners.

OR

- B. Other person duly authorized to sign documents on behalf of the Agency:** In the case of a corporation, it is a person duly authorized to sign this form under the by-laws of that corporation or a resolution of its board of directors. In the case of an individual enterprise or a partnership, it is a person duly authorized to sign this form under a procuration signed by one of the persons authorized to act ex officio. The procuration, the by-laws or the resolution authorizing the signatory in this matter must be attached to this form.

\*If you are acting as the representative of an agency for which you are the only person entitled to designate a representative (e.g., sole director, sole entrepreneur), you do not have to complete the Representative Designation Form.

### SECTION I: AGENCY'S IDENTIFICATION

Legal entity's name

Québec Enterprise Number (NEQ)

### SECTION II: SIGNATORY'S IDENTIFICATION

Signatory's surname

Signatory's first name

Confirm the role of the signatory within the agency (depending on the legal form of the agency, as specified in point A or B of the instructions above.)

### SECTION III: APPOINTMENT OF THE REPRESENTATIVE\*\*

Representative's surname

Representative's first name

\*\*The representative is not required to be an officer of the agency.

### SECTION IV: SIGNATORY'S DECLARATION

I declare that I am a person duly authorized to sign this designation and I certify that the information contained in this Appendix 1 is accurate and complete.

I approve and confirm the appointment of the person identified in Section III as representative of the enterprise identified in Section I (the « Agency ») with the Bureau de la sécurité privée for the application of the *Private Security Act* and its regulations, and I declare to be a signatory duly authorized to act on behalf of the Agency in this regard.

I understand that, as of the effective date of this appointment, all communication to the Agency will be sent to the person appointed as representative, in the language and at the address specified in Section J of the Agency Licence Application form.

Moreover, I understand that the designated representative shall take a mandatory training offered by the Bureau within 6 months of issuance of the agency's licence, failing which the validity of such licence could be affected.

In witness whereof, I have signed: \_\_\_\_\_

Signature of the person identified in section II

Date | Y | Y | Y | Y | M | M | D | D |

## APPENDIX 2 - IF APPLICABLE OTHER ESTABLISHMENT(S) IN QUÉBEC

(Section 1(3) of the *Regulation under the Private Security Act*, CQLR, c. S-3.5, r.1)

**Please photocopy and add pages as needed.**

**Notice -** This Appendix 3 must mandatorily be filled out for each of the agency’s establishment in Québec, other than those identified in Sections C and D. Please note that this information is public and will be published on the Register of Licence Holders.

The **establishments** declared herein must be physical locations where your private security activities are operated, in whole or in part. Does not constitute an establishment, among others, a post office box, a professional services office (e.g.: accountant’s or attorney’s office), or any other location where no activity is carried on by your enterprise in relation to its private security services.

OTHER ESTABLISHMENT IN QUÉBEC (A post office box will not be accepted.)			
Civic No.	Street	Suite	
City			Postal code  _ _ _ _ _ _ _
Phone number	Other phone number	Fax	

OTHER ESTABLISHMENT IN QUÉBEC (A post office box will not be accepted.)			
Civic No.	Street	Suite	
City			Postal code  _ _ _ _ _ _ _
Phone number	Other phone number	Fax	

OTHER ESTABLISHMENT IN QUÉBEC (A post office box will not be accepted.)			
Civic No.	Street	Suite	
City			Postal code  _ _ _ _ _ _ _
Phone number	Other phone number	Fax	

OTHER ESTABLISHMENT IN QUÉBEC (A post office box will not be accepted.)			
Civic No.	Street	Suite	
City			Postal code  _ _ _ _ _ _ _
Phone number	Other phone number	Fax	

OTHER ESTABLISHMENT IN QUÉBEC (A post office box will not be accepted.)			
Civic No.	Street	Suite	
City			Postal code  _ _ _ _ _ _ _
Phone number	Other phone number	Fax	

## APPENDIX 3 - MANDATORY CERTIFICATE OF INSURANCE (AGENCY)

((Sections 2(3) and 5 of the *Regulation under the Private Security Act*, CQLR, c. S-3.5, r.1)

**IMPORTANT NOTICE**

Any person duly authorized to sign this document must ensure that its contents are accurate and fully represent the insurance coverage offered to the insured in order to comply with the *Private Security Act* and its regulations.

Any false or misleading declaration with respect to this Certificate of insurance could lead to a refusal of issuance, or the suspension or revocation of an agency licence. Such a false or misleading declaration could also be communicated to the body or the competent authority governing the signatory.

**SECTION I: INSURED IDENTIFICATION**

<b>Legal entity name</b>			
<b>Québec Enterprise Number (NEQ)</b>		<b>BSP File No. or Agency Licence No.</b>	
<b>Civic No</b>	<b>Street</b>	<b>Suite</b>	
<b>City</b>		<b>Province</b>	<b>Postal code</b>

**SECTION II: SIGNATORY IDENTIFICATION**

**Role**    **Broker**, specify the **certificate number** of the Autorité des marchés financiers: \_\_\_\_\_  
 **Agent authorized by the insurer, attach proof that you are authorized** to sign on behalf of the insurer.

<b>Surname of signatory</b>	<b>First name of signatory</b>	
<b>Professional email address</b>		
<b>Phone number (day)</b>	<b>Ext.</b>	<b>Section reserved for the use of BSP</b>

**SECTION III: CIVIL LIABILITY INSURANCE POLICY**

<b>Insurer</b>		
<b>Policy No.</b>	<b>Start date</b>	<b>End date</b>
	Y   Y   Y   Y   M   M   D   D	Y   Y   Y   Y   M   M   D   D

**The undersigned broker or agent authorized by the insurer certifies that:**

**1. The insured is minimally covered against the financial liability, for the repair of bodily injury or property damage, resulting from a harmful event occurring in the following activities:**

**a. Security guarding** namely, watching or protecting persons, property or premises mainly to prevent crime and maintain order;  Yes    No

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**b. Investigation**, namely, searching for persons, information or property, particularly searching for information on an offence or collecting information on the character or conduct of individuals;  Yes    No

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**c. Locksmith work**, namely, keying, installing, maintaining and repairing mechanical and electronic locking devices, installing, maintaining and repairing, and changing the combinations of, safes, vaults and safety deposit boxes, designing and managing master key systems, maintaining key code records, cutting keys otherwise than by duplicating existing keys, and unlocking a building door, piece of furniture or safe otherwise than by using a key or following the prescribed procedure;  Yes    No

**d. Electronic security systems**, namely, installing, maintaining and repairing, and ensuring the continuous remote monitoring of, burglar or intrusion alarm systems, video surveillance systems and access control systems, except vehicle security systems;  Yes  No

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**e. Transport of valuables**, namely, the transportation of money or other valuable goods.  Yes  No

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**f. Security consulting**, namely, providing consulting services on protection against theft, intrusion or vandalism independently from the other activities referred to in this section and particularly by developing plans or specifications or presenting projects.  Yes  No

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**2. The insurance includes one or more exclusions provided by endorsement to the general liability insurance basic form and related to the insured's private security activities identified in 1.**  Yes\*  No

**\*If you answered "Yes", you must file with this certificate copies of the endorsement(s) providing exclusions related to private security activities.**

---

**3. The insurance amount is at least \$1,000,000 per incident.**  Yes

---

**4. The insured is the only legal entity covered by this insurance.**  Yes  No\*

**\*If you answered "No", please answer the following statements:**

---

**a. The insurance includes a cross liability clause.**  Yes  No

---

**b. The limit of coverage per incident for each insured is:**

---

**c. The other Named Insured(s)\* under this insurance policy is/are:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Please do not provide Additional Insureds, but only Named Insureds.

**SECTION IV: DECLARATION OF THE BROKER OR THE AGENT AUTHORIZED BY THE INSURER**

I declare to be a duly authorized signatory, as a broker of the insured or as an agent authorized by the insurer, to sign this Certificate of Insurance.

I declare that I have read and understood the IMPORTANT NOTICE in the introduction to this Certificate of Insurance.

I declare that the information in this Certificate of Insurance is accurate and complete et that it fully represents the insurance provided to the insured for the compliance with the *Private Security Act* (CQLR, c. S-3.5) and its regulations.

**I undertake to notify the Bureau at least 30 days prior to the cancellation or termination of the policy, or any reduction of guarantee or, in case of shorter term, at least as soon as the insured is notified.**

I understand that the Bureau de la sécurité privée may contact the broker or the authorized agent undersigned in order to verify the information contained in this Certificate of Insurance.

**In witness whereof, I have signed:** \_\_\_\_\_

Signature of the broker or authorized agent

Date



## APPENDIX 4 - IF APPLICABLE SECURITY IN THE FORM OF A PLEDGE OF MONEY (AGENCY)

(Section 2(4) and 6 of the *Regulation under the Private Security Act*, CQLR, c. S-3.5, r.1)

This form is mandatory when an enterprise wishes to provide a security by pledging a sum of money in order to comply with the *Private Security Act* (CQLR, c. S-3.5) and its regulations.

**The original of this form and the pledge must be sent to the Bureau de la sécurité privée at the following address:**

1611 Crémazie Boulevard East, Suite 500, Montreal, Quebec H2M 2P2

### SECTION A: AGENCY'S IDENTIFICATION

Legal entity name			
Québec Enterprise Number (NEQ)		BSP File No. or Agency Licence No.	
Civic No	Street	Suite	
City		Province	Postal code

### SECTION B: DESCRIPTION OF THE PLEDGE

The amount of the pledge is **\$10,000.00 Canadian**.

Identify the security method used:

Certified cheque payable to the Bureau de la sécurité privée

Postal money order payable to the Bureau de la sécurité privée

Bank draft or money order payable to the Bureau de la sécurité privée

### SECTION C: UNDERTAKING OF THE AGENCY AS SURETY

**WHEREAS** the Agency identified in Section A (the "**Agency**") has applied to the Bureau de la sécurité privée (the "**Bureau**") for the issuance or renewal of a private security agency licence pursuant to the *Private Security Act* (CQLR, c. S-3.5) (the "**PSA**") and its regulations;

**WHEREAS** pursuant to Section 9(4) of the PSA, an enterprise that requires an agency licence must provide a security to guarantee the performance of its obligations in the amount and form determined by regulation;

**WHEREAS** the *Regulation under the Private Security Act* (r.1) (the "**Regulation**"), stipulates in its section 2(4°) that the application for an agency licence must be accompanied by a proof of the security required in Section 6 of the said Regulation;

**WHEREAS** the Regulation provides in Section 6 that the holder of an agency licence shall provide the Bureau with a security by pledge of money or bonds or by insurance policy in the amount of \$10,000.00;

**WHEREAS** the Agency chooses to fulfill this obligation by tendering to the Bureau the pledge described in Section B (the "**Pledge**");

**IT IS UNDERSTOOD AND AGREED** that the Agency, as surety, agrees to pay the Bureau, as beneficiary of this security, the principal, interests and costs awarded by any irrevocable judgment in favor of the Bureau obtained as a result of the exercise of a civil remedy with respect to a monetary obligation fixed by the PSA or any of its regulations, when the Agency fails to pay an amount due to the Bureau;

**IT IS UNDERSTOOD AND AGREED** that the Agency, as surety, undertakes to pay to the Bureau, as beneficiary of this security, any amount due under a settlement between the Bureau and the Agency pursuant to the exercise of a civil remedy concerning a monetary obligation fixed by the PSA or any of its regulations, when the Agency fails to pay an amount due to the Bureau;

.../next

**IT IS UNDERSTOOD AND AGREED** that the Agency, together with its respective directors, legal representatives, successors and assignees, shall be solidarily liable to the Bureau as the principal debtor and surety for the amount of the Pledge;

**IT IS UNDERSTOOD AND AGREED** that the Agency hereby waives the benefits of discussion and division;

**IT IS UNDERSTOOD AND AGREED** that this security is valid and effective for the duration of any Agency licence, including the renewal of any such licence, if any, even if any such licence is suspended;

**NOTWITHSTANDING THE FOREGOING**, it is understood and agreed that the surety may terminate the security upon no less than ninety (90) days written notice, which notice shall be delivered by certified or registered mail to the address of the Bureau de la sécurité privée's head office;

**IT IS UNDERSTOOD AND AGREED** that notwithstanding the revocation or non-renewal of the Agency's licence, the Bureau will retain this Pledge for a period of ninety (90) days from the date of the revocation or the non-renewal of the licence. Beyond this period, the Bureau may retain the Pledge when informed of a monetary obligation for which this security could guarantee payment. Otherwise, the Bureau shall remit the full amount by check;

**THIS SECURITY IS EFFECTIVE** at the time the payment is debited in favor of the Bureau.

**IN WITNESS WHEREOF** the Agency has signed this security in (city) \_\_\_\_\_

on (date) \_\_\_\_\_.

**SIGNATURES**

**WITNESS**

\_\_\_\_\_  
Signature (witness)

\_\_\_\_\_  
Name of the witness (print)

\_\_\_\_\_  
Address of the witness

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**THE AGENCY**

\_\_\_\_\_  
Signature by an authorized signatory\* of the Agency

\_\_\_\_\_  
Name of the signatory (print)

\_\_\_\_\_  
Capacity or function of the signatory

\_\_\_\_\_  
Address of the signatory

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\***A. Authorized person ex officio:** A natural person who, by virtue of his status alone, may sign documents on behalf of the agency. This status may differ depending on the legal form of the enterprise. In the case of:

**Corporation:** They are the President, Vice-President, Secretary or Treasurer on the Board of Directors.

**Individual enterprise:** It is the sole proprietor.

**Partnership:** It is one of the partners.

**Limited partnership:** It is one of the general partners.

**OR**

**B. Other person duly authorized to sign documents on behalf of the Agency:** In the case of a corporation, it is a person duly authorized to sign this form under the by-laws of that corporation or a resolution of its board of directors. In the case of an individual enterprise or a partnership, it is a person duly authorized to sign this form under a procuration signed by one of the persons authorized to act ex officio. The procuration, the by-laws or the resolution authorizing the signatory in this matter must be attached to this form.

## APPENDIX 5 - IF APPLICABLE IDENTIFICATION OF THE DIRECTORS, SHAREHOLDERS, PARTNERS OF THE LEGAL ENTITY IDENTIFIED IN SECTION L OR APPENDIX 5

(Section 1(4.1) of the *Regulation under the Private Security Act*, CQLR, c. S-3.5, r.1)

<b>Please photocopy and add pages as needed.</b>			
<b>NOTICE</b> - Fill out this section for <b>DIRECTORS</b> and <b>SHAREHOLDERS OR PARTNERS</b> having a major interest (i.e. holding 10% or more of the voting shares or shares) in a legal entity identified in Section L, and for every legal entity also identified in this Appendix 5.			
<b>IDENTIFICATION OF THE LEGAL ENTITY IDENTIFIED IN SECTION L OR APPENDIX 5</b>			
Name of legal entity			
IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 5 is mandatory)			
STATUS: <input type="checkbox"/> Director (Member of B. of D.) <input type="checkbox"/> Shareholder _____% of voting shares <input type="checkbox"/> Partner _____% of shares			
Surname		First name	
Name of legal entity (if legal entity)		Québec Enterprise Number (NEQ) (if legal entity)	
Home address (Head office, if legal entity) Civic No., street		Suite/Apt.	Postal code
City		Province	Country
Phone number (day)	Ext.	SAAQ Driver's licence <input type="checkbox"/> I do not have one.	Date of birth Y   Y   Y   Y   M   M   D   D
IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 5 is mandatory)			
STATUS: <input type="checkbox"/> Director (Member of B. of D.) <input type="checkbox"/> Shareholder _____% of voting shares <input type="checkbox"/> Partner _____% of shares			
Surname		First name	
Name of legal entity (if legal entity)		Québec Enterprise Number (NEQ) (if legal entity)	
Home address (Head office, if legal entity) Civic No., street		Suite/Apt.	Postal code
City		Province	Country
Phone number (day)	Ext.	SAAQ Driver's licence <input type="checkbox"/> I do not have one.	Date of birth Y   Y   Y   Y   M   M   D   D
IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 5 is mandatory)			
STATUS: <input type="checkbox"/> Director (Member of B. of D.) <input type="checkbox"/> Shareholder _____% of voting shares <input type="checkbox"/> Partner _____% of shares			
Surname		First name	
Name of legal entity (if legal entity)		Québec Enterprise Number (NEQ) (if legal entity)	
Home address (Head office, if legal entity) Civic No., street		Suite/Apt.	Postal code
City		Province	Country
Phone number (day)	Ext.	SAAQ Driver's licence <input type="checkbox"/> I do not have one.	Date of birth Y   Y   Y   Y   M   M   D   D

As a representative, I certify that I have received authorization from these people to transmit their personal information to the Bureau de la sécurité privée (BSP) for the purpose of security verifications with the Sûreté du Québec, the results of which will be communicated to the BSP.

In witness whereof, I have signed: \_\_\_\_\_ Date | Y | Y | Y | Y | M | M | D | D |