

## AGENCY LICENCE REPRINTING APPLICATION

*For a lost or damaged licence*

Please **send** the completed form in block letters and the required payment **by mail or in person** to this address:

Bureau de la sécurité privée  
6363 West Trans-Canada Highway, Suite 206  
Saint-Laurent, Québec H4T 1Z9

Do not send the form by fax or email. It would be considered ineligible and would not be processed.

### SECTION A: AGENCY IDENTIFICATION

Legal entity name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

Representative surname

Representative first name

Date of birth (YYYYMMDD)

### SECTION B: LICENCE TO REPLACE (Check the class(es) for which this application is filed.)

**I hereby request** of the Bureau de la sécurité privée to replace the agency licence(s) of the enterprise identified in Section A for the following class(es), since it was lost or damaged:

Security guarding

Investigation

Electronic security systems

Locksmith work

Transport of valuables

Security consulting

**I enclosed** the payment required in Section E.

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

Personal information is collected for the purpose of the application of the *Private Security Act* and will only be used for this purpose. This information will be available only to employees if 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 person to whom the information relates.

### SECTION D: REPRESENTATIVE DECLARATION

I declare that all the information provided herein 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:**

\_\_\_\_\_  
Representative signature

Date    Y   Y   Y   Y       M   M       D   D

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