

ADDITION OR MODIFICATION OF ESTABLISHMENT(S)

Photocopy and add copies of this page as needed.

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.

To modify the address of the agency's head office or principal establishment in Québec, file the form " Change of head office or principal establishment address" available online at www.bspquebec.ca

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: ADDITION OR MODIFICATION OF ESTABLISHMENT(S)* IN QUÉBEC

Establishment to: <input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete			
Civic No.	Street	Suite/Apt.	
City			Postal code
Téléphone	Other phone number	Fax	
Establishment to: <input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete			
Civic No.	Street	Suite/Apt.	
City			Postal code
Phone number	Other phone number	Fax	

*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.

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

SECTION E: PAYMENT SHEET

INFORMATION ON THE AGENCY

Québec Enterprise Number (NEQ)	BSP File No. or Agency Licence No.

PAYABLE FEES

We remind you that the agency must keep in display its licence or its official copy issued by the BSP in full view in each of its establishment.

If you add establishment(s), check the box(es) corresponding to the class(es) for which the agency holds a licence, and indicate the number of new establishment for each of those classes. Multiply this number by the unit price for the printing of a licence and write the result on the right line. Add the totals per class and write the total amount to pay where indicated.




Agency licence class(es)	Unit Price*		Number of additional establishment		Total per class
<input type="checkbox"/> Security guarding	\$28.74	x	_____	=	\$ _____
<input type="checkbox"/> Investigation	\$28.74	x	_____	=	\$ _____
<input type="checkbox"/> Locksmith work	\$28.74	x	_____	=	\$ _____
<input type="checkbox"/> Electronic security systems	\$28.74	x	_____	=	\$ _____
<input type="checkbox"/> Transport of valuables	\$28.74	x	_____	=	\$ _____
<input type="checkbox"/> Security consulting	\$28.74	x	_____	=	\$ _____
Total to pay:					\$ _____

*Unit price per licence copy : \$25.00 + \$1.25 GST + \$2.49 QST = \$28.74
GST number: 817788656 QST number: 1216343481

METHODS OF PAYMENT

Select a method of payment for this transaction:

- Cash** (in person only, cash will not be accepted by mail)
- Debit card** (in person only, Interac e-Transfer are not accepted)
- Cheque payable to the Bureau de la sécurité privée** (insufficient funds: fees of \$35) (post-dated cheques not accepted)
- Bank or postal money order payable to the Bureau de la sécurité privée**
- Credit card:**

<input type="checkbox"/>		MasterCard	Card number	Exp (MM/YY)
<input type="checkbox"/>		Visa	_____	_____
<input type="checkbox"/>		American Express		N° CVV2*

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

Card holder surname	Card holder first name

AUTHORIZATION – I authorize the Bureau de la sécurité privée to debit my credit card with the required amount for the processing of this request.

		Y Y Y Y	M M	D D
Card holder signature	Date			
Phone number				