

## ADDING OWNERS, DIRECTORS, PARTNERS OR SHAREHOLDERS

Photocopy and add copies of page 2 or Appendix 1 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.

### 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: 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 C: SECURITY VERIFICATION OF OWNERS, SHAREHOLDERS, PARTNERS, DIRECTORS

**NOTICE** – This section must be filled out for **EVERY PERSON** added as an **OWNER, DIRECTOR** or **SHAREHOLDER** or **PARTNER** having a major interest in the company (i.e. holding 10% or more of the voting shares or shares).

**If an agency owner, director, partner or shareholder is a legal person or partnership, you must mandatorily fill out Appendix 1 for each legal entity.**

**IDENTIFICATION:**     Mr.             Ms.             Legal person/Partnership (Appendix 1 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 person/partnership)

Québec Enterprise Number (NEQ) (if legal person/partnership)

Home address / Head office address, if legal person/partnership. Civic No., street

Suite/Apt.

Postal code

City

Province

Country

Phone number (day)

Ext.

SAAQ Driver licence

I do not have one.

Date of birth (YYYYMMDD)

### DECLARATION REGARDING 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: \_\_\_\_\_

<b>IDENTIFICATION:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal person/Partnership (Appendix 1 is mandatory)			
<b>STATUS:</b> <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 person/partnership)		Québec Enterprise Number (NEQ) (if legal person/partnership)	
Home address / Head office address, if legal person/partnership. Civic No., street		Suite/Apt.	Postal code
City		Province	Country
Phone number (day)	Ext.	SAAQ Driver licence <input type="checkbox"/> I do not have one.	Date of birth (YYYYMMDD)
<b>DECLARATION REGARDING JUDICIAL OR DISCIPLINARY HISTORY</b>			
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 <i>Private Security Act</i> ?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____			
Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the <i>Private Security Act</i> ?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____			

<b>IDENTIFICATION:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal person/Partnership (Appendix 1 is mandatory)			
<b>STATUS:</b> <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 person/partnership)		Québec Enterprise Number (NEQ) (if legal person/partnership)	
Home address / Head office address, if legal person/partnership. Civic No., street		Suite/Apt.	Postal code
City		Province	Country
Phone number (day)	Ext.	SAAQ Driver licence <input type="checkbox"/> I do not have one.	Date of birth (YYYYMMDD)
<b>DECLARATION REGARDING JUDICIAL OR DISCIPLINARY HISTORY</b>			
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 <i>Private Security Act</i> ?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____			
Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the <i>Private Security Act</i> ?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____			

<b>SECTION D: REPRESENTATIVE DECLARATION</b>
As the representative of the agency identified in Section A, I certify that the information provided herein is accurate and true, and that it has been received from the concerned people with their consent. Furthermore, I certify that those people authorise the transmission of the said information to the Sûreté du Québec in order to carry out the security verifications provided for in the <i>Private Security Act</i> .
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**

Write the number of additional people identified herein, and in Appendix 1, if applicable. Multiply this number by fee for the security verification (non-refundable). Write the total amount to pay where indicated.

	<b>From</b>			
	<b>Jan. 1<sup>st</sup>, 2020</b>			
<b>Number of people to verify:</b> <i>One (1) verification per individual.</i>	_____ x	<b>\$ 120.00</b>	<b>Total to pay: \$</b>	_____

**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) (no post-dated cheques accepted)

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

**Credit card:**

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

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

<b>Card holder surname</b>	<b>Card holder first name</b>

**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
_____	<b>Date</b>		
<b>Card holder signature</b>			
<b>Phone number</b>			

# APPENDIX 1

## IDENTIFICATION OF THE OWNERS, DIRECTORS, SHAREHOLDERS, PARTNERS OF THE LEGAL PERSON/PARTNERSHIP IDENTIFIED IN SECTION C OR APPENDIX 1

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

Photocopy and add copies of this page as needed.

**NOTICE** – Fill out this appendix for **EVERY OWNER, DIRECTOR and SHAREHOLDER OR PARTNER** having a major interest (i.e. holding 10% or more of the voting shares or shares) in a legal person or partnership identified in Section C, and for every legal person or partnership also identified in this Appendix 1.

### IDENTIFICATION OF THE LEGAL PERSON OR PARTNERSHIP IDENTIFIED IN SECTION C OR APPENDIX 1

Name of the legal entity

IDENTIFICATION:  Mr.  Ms.  Legal person/Partnership (Appendix 1 is mandatory)

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

Surname

First name

Name of legal entity (if legal person/partnership)

Québec Enterprise Number (NEQ) (if legal person/partnership)

Home address / Head office address, if legal person/partnership. Civic No., street

Suite/Apt.

Postal code

City

Province

Country

Phone number (day)

Ext.

SAAQ Driver licence

I do not have one.

Date of birth (YYYYMMDD)

### DECLARATION REGARDING 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: \_\_\_\_\_

IDENTIFICATION:  Mr.  Ms.  Legal person/Partnership (Appendix 1 is mandatory)

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

Surname

First name

Name of legal entity (if legal person/partnership)

Québec Enterprise Number (NEQ) (if legal person/partnership)

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Date of birth (YYYYMMDD)

### DECLARATION REGARDING 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: \_\_\_\_\_

As the representative of the agency identified in Section A, I certify that the information provided herein is accurate and true, and that it has been received from the concerned people with their consent. Furthermore, I certify that those people authorize the transmission of the said information to the *Sûreté du Québec* in order to carry out the security verifications provided for in the *Private Security Act*.

In witness whereof, I have signed:

Date Y Y Y Y M M D D

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

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|