

APPLICATION FOR ADDITIONAL LICENCE CLASS(ES) (AGENCY)

Send your application, all documents required below and full payment
(by mail or in person) at 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.

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.

BEFORE PROCEEDING

Please read the following instructions carefully:

- ✓ The form must be filled out, dated and signed by the agency representative duly nominated to act as such.
- ✓ All pages must be filled out, including the payment sheet.
- ✓ The representative must read the declaration (Section I) and sign where indicated.
- ✓ The information written must be neat, legible and in block letters.

DOCUMENT CHECKLIST

The application for additional licence class(es) must include all of the following documents:

- Original and complete "Application for additional licence class(es)" form, duly filled out, dated and signed.
- Payment of fees (see Section K for methods of payment).
- If you answer "No" in Section C, enclose Appendix 1 – 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 new activities.
- If you answer "No" in Section D, enclose the original** of a duly filled out, dated and signed **security bond** of \$10,000 in favour of the Bureau de la sécurité privée, valid for the entire duration of the licence and for the obligations relative to its new activities.
- If you answer "Yes" to one or more of the questions in section F**, enclose the duly filled out, dated and signed **Change of address and communication preferences form**, available online at www.bspquebec.ca.
- If you answer "Yes" in Section G**, enclose the duly filled out, dated and signed **"Adding Owners, Directors, Partners or Shareholders" form**, available online at www.bspquebec.ca.

**IMPORTANT: PLEASE DO NOT SEND ORIGINAL DOCUMENTS,
EXCEPT THE FORMS AND THE SECURITY BOND, IF APPLICABLE**

FORM – APPLICATION FOR ADDITIONAL LICENCE CLASS(ES) (AGENCY)

SECTION A: AGENCY'S IDENTIFICATION		
Legal entity's name		
Québec Enterprise Number (NEQ)	BSP File No. or Agency Licence No.	
Representative's surname	Representative's first name	Date of birth (YYYYMMDD)

SECTION B: LICENCE(S) FOR WHICH THE APPLICATION IS FILED – NEW CLASS(ES)						
Additional class(es) for which this application is filed: <i>(Check all boxes that apply).</i>						
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> Security guarding</td> <td style="width:50%; border: none;"><input type="checkbox"/> Electronic security systems</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Investigation</td> <td style="border: none;"><input type="checkbox"/> Transport of valuables</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Locksmith work</td> <td style="border: none;"><input type="checkbox"/> Security consulting</td> </tr> </table>	<input type="checkbox"/> Security guarding	<input type="checkbox"/> Electronic security systems	<input type="checkbox"/> Investigation	<input type="checkbox"/> Transport of valuables	<input type="checkbox"/> Locksmith work	<input type="checkbox"/> Security consulting
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<input type="checkbox"/> Locksmith work	<input type="checkbox"/> Security consulting					

SECTION C: INSURANCE
Does your actual agency's civil liability insurance include protection in case of a harmful act caused while performing the new private security activities identified in Section B?
<input type="checkbox"/> Yes <input type="checkbox"/> No, enclose Appendix 1 – Certificate of Insurance, duly filled out.

SECTION D: SECURITY BOND
Does your actual agency's security bond apply to obligations related to the new activities identified in Section B?
<input type="checkbox"/> Yes <input type="checkbox"/> No, enclose the original of a security bond which includes those new private security activities.

SECTION E: CORPORATE NAMES
Do the new private security activities offered by the agency involve the addition of other names under which the agency operates in Québec (corporate names)?
<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:
<i>(Add a sheet if necessary. Please note those names will appear on the agency licence and on the Register of Licence Holders.)</i>

SECTION F: ADDRESSES AND COMMUNICATION PREFERENCES															
Does the addition of new classes of private security activities offered by the agency involve:															
<table style="width:100%; border: none;"> <tr> <td style="width:70%;">• a change of address of the head office?</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> No</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Yes*</td> </tr> <tr> <td>• a change of address of the principal establishment in Québec (if the head office is outside Québec)?</td> <td style="text-align: right;"><input type="checkbox"/> No</td> <td style="text-align: right;"><input type="checkbox"/> Yes*</td> </tr> <tr> <td>• an addition or a modification of other business establishment in Québec?</td> <td style="text-align: right;"><input type="checkbox"/> No</td> <td style="text-align: right;"><input type="checkbox"/> Yes*</td> </tr> <tr> <td>• a change in the representative's workplace contact information?</td> <td style="text-align: right;"><input type="checkbox"/> No</td> <td style="text-align: right;"><input type="checkbox"/> Yes*</td> </tr> <tr> <td>• a change in the communication preferences of the agency?</td> <td style="text-align: right;"><input type="checkbox"/> No</td> <td style="text-align: right;"><input type="checkbox"/> Yes*</td> </tr> </table>	• a change of address of the head office?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	• a change of address of the principal establishment in Québec (if the head office is outside Québec)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	• an addition or a modification of other business establishment in Québec?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	• a change in the representative's workplace contact information?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*	• a change in the communication preferences of the agency?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
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• a change in the communication preferences of the agency?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*													
*If you answered "Yes" to one or more of these questions, enclose the duly completed and signed form appropriate to your situation. The forms are available online www.bspquebec.ca.															

SECTION G: OWNER, DIRECTORS, SHAREHOLDERS, PARTNERS
Does the addition of new classes of private security activities offered by the agency involve a change of owner, directors, partners or shareholders?
<input type="checkbox"/> No <input type="checkbox"/> Yes, enclose the "Adding Owners, Directors, Partners or Shareholders" form, available online at www.bspquebec.ca .

SECTION H: 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 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 I: 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 submitting and signing this agency licence application on behalf of the enterprise identified in Section A, for which I was duly nominated to act as the representative.

I declare that I am aware of the responsibilities and obligations incumbent upon me as a representative and those incumbent upon the agency as holder of any additional agency licence pursuant to the *Private Security Act* and its regulation.

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 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 without delay.

In witness whereof, I have signed: _____
Representative's signature

Date Y Y Y Y M M D D

SECTION J: CALCULATION OF PAYABLE FEES

To calculate the payable fees for this application, follow these three (3) steps:

✓ **Step 1: Licence fees**

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.

Payable fees per category	From Jan. 1st 2020		
<input type="checkbox"/> Security guarding	\$2,981.00	\$	
<input type="checkbox"/> Investigation	\$2,110.00	+ \$	
<input type="checkbox"/> Locksmith work	\$1,365.00	+ \$	
<input type="checkbox"/> Electronic security systems	\$1,365.00	+ \$	
<input type="checkbox"/> Transport of valuables	\$1,365.00	+ \$	
<input type="checkbox"/> Security consulting	\$2,110.00	+ \$	
Total New Licence(s)			= \$

✓ **Step 2 : Copy fees**

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 (\$25.00 + \$1.25 GST + \$2.49 QST) →	\$28.74	
Quantity of establishments in Quebec (other than the principal*) →	x	
Quantity of new licence classes applied for →	x	
<i>GST number: 817788656 QST number: 1216343481</i>		Total Copy(ies) = \$

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

✓ **Step 3 : Total application fees**

Add the following two (2) amounts and carry forward the total amount payable to Section K – Payment sheet (page 4):

➤ The Total New Licence(s) (Step 1)	\$	
➤ The Total Copy(ies) (Step 2)	+ \$	
TOTAL PAYABLE FEES		= \$

SECTION K: PAYMENT SHEET

Québec Enterprise Number (NEQ)	BSP File No. or Agency Licence No.
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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 and *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, fill out the voucher below:

VOUCHER FOR PAYMENT BY CREDIT 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 J):

\$

Card type:

MasterCard

Visa

American Express

Card number:

	<div style="display: flex; justify-content: space-between;"> Card number Exp (MM/YY) </div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="border-bottom: 1px solid black; width: 15%;"></div> </div>	
	<div style="display: flex; justify-content: space-between;"> N° CVV2* </div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 20%;"></div> <div style="border-bottom: 1px solid black; width: 20%;"></div> <div style="border-bottom: 1px solid black; width: 20%;"></div> </div>	

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

Card holder's surname	Card holder's first name
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AUTHORIZATION – I authorize the Bureau de la sécurité privée to debit my credit card with the required amount for the processing of this application.

<p>Card holder's signature</p>	<p>Date: Y Y Y Y M M D D</p> <div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>
<p>Phone number</p>	
<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 60%;"></div> <div style="border-bottom: 1px solid black; width: 10%; text-align: center;">-</div> <div style="border-bottom: 1px solid black; width: 60%;"></div> </div>	

CERTIFICATE OF INSURANCE (AGENCY)

Required by the Bureau de la sécurité privée

(Section 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

Legal entity name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

Address (Civic No., street)

Suite

City

Province

Postal code

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.

Surname of signatory

First name of signatory

Professional email address

Phone number (day)

Ext.

Section reserved for the use of BSP

SECTION III: CIVIL LIABILITY INSURANCE POLICY

Insurer

Policy No.

Start date (YYYYMMDD)

End date (YYYYMMDD)

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
 - 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
 - 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

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

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

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, termination or non-renewal 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 sign below:

Signature of the broker or the authorized agent identified in Section II

Date: Y Y Y Y M M D D