

ADDITION OR MODIFICATION OF CORPORATE NAME

Photocopy and add copies of this page as needed.

Please **send** the completed form in block letters to:

- **Mail or in person:** Bureau de la sécurité privée, 6363 West Trans-Canada Highway, Suite 206, Saint-Laurent, Québec, H4T 1Z9
- **Email:** dossier@bspquebec.ca
- **Fax:** 514-748-0002

CAUTION: For information security purposes, no credit card payment slip can be received by email or fax. A form received by email or fax containing a credit card number will be considered inadmissible 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: ADD / REMOVE CORPORATE NAME

✓ I wish to **add** the following corporate name(s):

✓ I wish to **remove** the following corporate name(s):

SECTION C: REPRINTING OF LICENCE(S)

Do you want to have the agency's license(s) reprinted in order that this change in corporate names appear on it?

NO YES: If yes, you must complete the payment sheet under Section F.

SECTION D: 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 E: 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: _____ Date (YYYY/MM/DD): _____
Representative signature

SECTION F: PAYMENT SHEET

INFORMATION ON THE AGENCY

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

PAYABLE FEES

Only if you wish that the Bureau reprint the agency's licence(s) in order to reflect the change in corporate names, check the box(es) corresponding to the class(es) for which the agency holds a licence, and indicate the number of establishment (including head office) 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. Then, add the totals per class and write the total amount to pay where indicated.

Agency licence class(es)	Number of establishment		Total per class
	<i>Unit price: \$25 + \$1.25 GST + \$2.49 QST = \$28.74</i>		
<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:			\$ _____




GST number: 817788656

QST number: 1216343481

METHODS OF PAYMENT

Select a method of payment for this transaction:

- Cash or debit card** (in person only, cash will not be accepted by mail)
- Debit card** (in person only, 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** (Only by mail, telephone or in person. For information security purposes, a form received by email or fax containing a credit card number will not be processed.):

<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.

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