BSP Bureau de la Sécurité privée

COMMUNICATION PREFERENCES

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

Or by **fax** at 514 748-0002, or by **e-mail** at dossier@bspquebec.ca

By default, any communication from the Bureau to the attention of the Agency is transmitted in French, to the principal establishment of your agency in Québec, corresponding to the head office when the latter is in Québec.

To choose other communication preferences, complete this form.

We remind you that the representative remains the only person authorized to receive communications regarding the Agency from the Bureau. All communication from the Bureau will continue to be sent to the representative's attention.

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: COMMUNICATION PREFERENCES UPDATE (the mailing address of correspondence must remain in Canada):

Language of correspondence: ☐ French OR ☐ English

Phone number (day) | **Ext.** | **Fax**

Professional e-mail address (If you enter a professional e-mail address, we will contact you at this address for unofficial communications, if necessary, when processing your agency's file.)

Civic No. | **Street** | **Suite**

City | **Province** | **Postal code**

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 understand that any communication to the Agency identified in Section A will now be forwarded to me, as the representative, in accordance with the new communication preferences in section B.

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