

AGENCY LICENCE REPRINTING APPLICATION

For a lost or damaged licence

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
1611 Crémazie Blvd. East, Suite 500
Montréal Québec H2M 2P2

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: LICENCE TO REPLACE (Check the class(es) for which this application is filed.)

I hereby request of the Bureau de la sécurité privée to replace the agency licence(s) of the enterprise identified in Section A for the following class(es), since it was lost or damaged:

Security guarding

Investigation

Electronic security systems

Locksmith work

Transport of valuables

Security consulting

I enclosed the payment required in Section E.

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

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SECTION E: PAYMENT SHEET

INFORMATION ON THE AGENCY

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

PAYABLE FEES

Indicate the class for which a licence must be reprinted as well as the number of copies required. Multiply the number of copies required by the unit price for the reprinting of a licence, and write the result on the line on the right. Then, add the totals per class and write the total amount to pay where indicated.

Agency licence class(es) to reprint	Number of required copy		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 _____	= \$ _____
<i>GST number: 817788656 QST number: 1216343481</i>			Total to pay: \$ <u> </u>

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"/>		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			