

## CHANGE OF REPRESENTATIVE

Please **send** the completed form in block letters and the required payment **at 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.

**NOTICE** – An agency that wishes to change its representative with the Bureau must provide :

- ✓ This form duly completed, dated and signed **by the new representative** (whom must be of at least 18-years old);
- ✓ **Appendix 1** duly completed, dated and signed **by the sole proprietor, a director or a partner** of the Agency; and
- ✓ The required **payment**. (see Section J)

The new representative shall take the interactive online training “The Agency Representative” within 6 months of the date of its designation. The procedure will be communicated to him or her at the time of confirmation that the change of representative is effective. For more information, go to [www.bspquebec.ca](http://www.bspquebec.ca).

### SECTION A: AGENCY IDENTIFICATION

Legal entity's name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

### SECTION B: NEW REPRESENTATIVE'S IDENTIFICATION

Surname

First name

Do you use another first name and/or surname?  No  Yes, specify:

Other surname

Other first name

Gender

M  F

Date of birth (YYYYMMDD)

SAAQ Driver's licence

I do not have one.

Your mother's surname at birth

Do you hold a valid agent licence?  No  Yes\*, specify its number: \_\_\_\_\_

Is this application accompanied by an agent licence application?  No  Yes\*

\* As representative, your name and surname, and your workplace contact information will be published on the Register of Licence Holders for the agency, despite any exemption from publication on the Register that would have otherwise been granted to you as agent licence holder in the investigation class or transport of valuables class pursuant to section 81 PSA. If you benefit from such exemption, or have applied for it, and do not want to appear on the agency's Register, you cannot be an agency representative.

### SECTION C: DECLARATION OF THE NEW REPRESENTATIVE RELATIVE TO 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: \_\_\_\_\_

SECTION D: NEW REPRESENTATIVE HOME ADDRESS			
Civic No.	Street	Apt.	
City		Province	Postal code
Residential phone number	Cell phone or other phone number		
Personal e-mail address			
Since when do you live at this address?	Date : YYYY / MM / DD	From (YYYY/MM)	To (YYYY/MM)
If it has been less than five (5) years, indicate all other addresses for the past five (5) years: (Civic no., street, apt., city, postal code, province)			

SECTION E: REPRESENTATIVE'S WORKPLACE CONTACT INFORMATION (A post office box will not be accepted.)			
Please note that the information followed by a (*) will be published on the Register of Licence Holders.			
Civic No.*	Street*	Suite*	
City*		Province*	Postal code*
Phone number (day)	Ext.	Fax	

SECTION F: COMMUNICATION PREFERENCES			
The representative is the only person authorized to receive communications from the Bureau concerning the agency. All communications from the Bureau to the attention of the Agency will be sent to the representative.			
Please indicate the following communications preferences (mailing address must be in Canada):			
Language of correspondence:	<input type="checkbox"/> French OR <input type="checkbox"/> English		
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.)			
Correspondence mailing address: <input type="checkbox"/> Representative's workplace address (if in Canada) (Section E) <input type="checkbox"/> Other (in Canada), specify below:			
Civic No.	Street	Suite	
City		Province	Postal code

SECTION G: REQUEST FOR CONSENT – CANADA'S ANTI-SPAM LEGISLATION
Conformément à la Loi canadienne anti-pourriel, nous devons obtenir votre consentement afin de vous faire parvenir certaines communications électroniques à caractère commercial. Ainsi, afin d'être ajouté à notre liste d'envoi, accordez-nous votre consentement en cochant la case ci-dessous :
<input type="checkbox"/> <b>Je consens à recevoir des communications électroniques à caractère commercial de la part du Bureau de la sécurité privée, en tant que représentant.*</b>
Veuillez noter que si vous ne consentez pas à la réception de messages à caractère commercial, le Bureau de la sécurité privée pourra tout de même continuer à vous transmettre toute communication informative, notamment liée à la protection du public ou concernant vos obligations en tant que représentant ou celles de votre agence à titre de titulaire de permis.
*Vous pouvez retirer votre consentement à tout moment en écrivant à <a href="mailto:communications@bspquebec.ca">communications@bspquebec.ca</a> .

**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 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 I: NEW 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 that I was duly appointed in Appendix A to act as the new representative of the enterprise identified in Section A.

I declare that I am devoted full time to the activities of that enterprise and I understand that I will be the only person authorized to communicate with the Bureau de la sécurité privée regarding the agency's file.

I declare that I am aware of the responsibilities and obligations incumbent upon me as a representative and those incumbent upon the agency as an agency licence holder pursuant to the *Private Security Act* and its regulation. Among others, I undertake to De plus, I undertake to take the mandatory training offered by the Bureau to all representative. \*

**Furthermore, I undertake to inform the Bureau de la sécurité privée of any change with regards to me, as a representative, and 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 authorise the Bureau de la sécurité privée to provide the Sûreté du Québec with the information required to verify that the conditions stated in section 7 of the *Private Security Act* are met and continue to be met.

I declare that all the information provided in this application 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: \_\_\_\_\_

New representative's signature

Date            Y Y Y Y        M M        D D  
                   | | | |        | |        | |  
                   | | | |        | |        | |

\* In virtue of the paragraph 2 of the Section 7 of the *Private Security Act*, the representative must take the training offered by the Bureau within six months following the date of its designation. The procedure will be communicated to you at the time of confirmation that the change of representative is effective. For more information, go to [www.bspquebec.ca](http://www.bspquebec.ca).



# APPENDIX 1

## APPOINTMENT OF REPRESENTATIVE

**Notice** – The appointment of the representative must be approved by the sole entrepreneur owner of the agency, or a director (in a company) or a partner (in a partnership) of the agency, **other than the representative himself.** The representative does not have to be an officer of the agency.

You must fill this appendix even if you are the sole proprietor or the sole director of your enterprise and that you also act as representative. In this exceptional case, the representative may be appointed by himself.

### SECTION I: AGENCY'S IDENTIFICATION

Legal entity's name	
Québec Enterprise Number (NEQ)	BSP File No. or Agency Licence No.

### SECTION II: SIGNATORY'S IDENTIFICATION

Signatory's surname	Signatory's first name
Role within the agency: <input type="checkbox"/> Sole entrepreneur <input type="checkbox"/> Director <input type="checkbox"/> Partner	

### SECTION III: APPOINTMENT OF THE REPRESENTATIVE

Representative's surname	Representative's first name
This appointment is effective as of _____ (date) and supersedes all previous appointment.	

### SECTION IV: SIGNATORY'S DECLARATION

I declare that the information contained in this Appendix 1 is accurate and complete.

I approve and confirm the appointment of the person identified in Section III as representative of the enterprise identified in Section I (the « Agency ») with the Bureau de la sécurité privée for the application of the *Private Security Act* and its regulations, and I declare to be a signatory duly authorized to act on behalf of the Agency in this regard.

I understand that, as of the effective date of this appointment, all communication to the Agency will be sent to the person appointed as new representative, in the language and at the address specified in Section F of the Change of representative form.

Moreover, I understand that the designated representative shall take a mandatory training offered by the Bureau within 6 months of the date of its designation, failing which the validity of the agency's licence could be affected.

In witness whereof, I have signed:

\_\_\_\_\_  
Signature of the person identified in Section II

Date      Y Y Y Y      M M      D D

  | | | |    | |    | |