

ADDITION OR MODIFICATION OF ESTABLISHMENT(S)

Photocopy and add copies of this page as needed.

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.

To modify the address of the agency's head office or principal establishment in Québec, file the form "Change of head office or principal establishment address" available online at au www.bspquebec.ca

SECTION A: AGENCY IDENTIFICATION								
Legal entity name								
Québec Enterprise Numbe	r (NEQ)	BSP	File No. or Agency Licence No.					
		Representative first n	ame	Date of birth (YYYYMMDD)				
SECTION B: ADDITION OR MODIFICATION OF ESTABLISHMENT(S)* IN QUÉBEC								
Establishment to:	□ Add	☐ Modify	☐ Delete					
Civic No. Street				Suite/Apt.				
City				Postal code				
Téléphone		Other phone number	Fax					
-	-	- -		-				
Establishment to:								
Civic No. Street				Suite/Apt.				
City				Postal code				
Phone number		Other phone number						
*The establishments declared herein must be physical locations where your private security activities are operated, in whole or in part. Does not constitute an establishment, among others, a post office box, a professional services office (e.g.: accountant's or attorney's office), or any other location where no activity is carried on by your enterprise in relation to its private security services.								
SECTION C: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION								
Personal information is collected for the purpose of the application of the <i>Private Security Act</i> 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 <i>Act respecting Access to documents held by public bodies and Protection of personal information</i> , 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								
Y Y Y Y M M D D Date:								

194.104-2020-04-E



SECTION E: PAYMENT SHEET									
INFORMATION ON THE AGENCY									
Québec Enterprise Number (NEQ)	B	BSP File No. or Agency Licence No.							
PAYABLE FEES									
We remind you that the agency must keep in display its licence or its official copy issued by the BSP in full view in each of its establishment.									
If you add establishment(s), check the box(es) corresponding to the class(es) for which the agency holds a licence, and indicate the number of new establishment 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. Add the totals per class and write the total amount to pay where indicated.									
Agency licence class(es)	Unit Price*		Number of additional Testablishment		Total per class				
☐ Security guarding	\$28.74	х			= \$				
☐ Investigation	\$28.74	Х			= \$				
Locksmith work	\$28.74	х			= \$				
☐ Electronic security systems	\$28.74	х			= \$				
☐ Transport of valuables	\$28.74	Х			= \$				
Security consulting	\$28.74	x			= \$				
*Unit price per licence copy : \$25.00 + \$1.25 GST + \$2.49 QST = \$28.74 GST number: 817788656 QST number: 1216343481 Total to pay:									
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 acce	pted)								
☐ Cheque payable to the Bureau de la sécurité privé	e (insufficient f	unds: fees o	of \$35) (post-c	dated cheques not ac	ccepted)				
☐ Bank or postal money order payable to the Bureau	ı de la sécuri	ité privée							
Credit card:									
MasterCard MasterCard		Card	number		Exp (MM/YY)				
□ VISA Visa									
American Express					N° CVV2*				
* N° CVV2: S	Security number	of 3 or 4 d	igits on the ba	ck of your credit card	d.				
Card holder surname	Ca	rd holder	first name						
<u></u>									
AUTHORIZATION – I authorize the Bureau de la sécurité privée to debit my credit card with the required amount for the									
processing of this request.									
				T T Y Y	IVI IVI U U				
Card holder signature			Date						
Phone number									