

AUTHORIZATION TO DISCLOSE INFORMATION CONCERNING AN AGENCY

Please **send** the form filled out in block letters
at this address:

Bureau de la sécurité privée
1611 Crémazie Blvd. East, Suite 500
Montréal, Québec H2M 2P2

Or by **fax** at 514 748-0002

Or by **email** at dossier@bspquebec.ca

Protection of information concerning your agency

Subject to the exceptions provided for in the *Act respecting access to documents held by public bodies and the protection of personal information* (CQLR, c. A-2.1), the Bureau de la sécurité privée is not authorized to disclose information about an enterprise without its consent.

If the enterprise wants a person to have access to some of its information, it must authorize the Bureau to disclose it by filing this form.

SECTION A: AGENCY'S IDENTIFICATION

Legal entity's name

Québec Enterprise Number (NEQ)

BSP File No or Agency licence No

SECTION B: IDENTIFICATION OF THE PERSON AUTHORIZED TO RECEIVE DISCLOSURE

Surname

First name

Date of birth (YYYYMMJJ)

Home address (civic number and street)

Apt.

City

Province

Postal code

Phone number (day)

Ext.

Fax

E-mail address

SECTION C: INFORMATION SUBJECT TO THIS AUTHORIZATION

Check the box(es) identifying the information contained in the file of the agency identified in Section A, for which you wish to authorize disclosure to the person identified in Section B:

- Identification information (ex.: NEQ and information appearing on REQ)
- Constitution information (ex.: constituting act, contract of partnership or declaration of registration, etc.);
- Solvency information;
- Insurance information;
- Security (insurance, bond or pledge) information;
- Agency's account payable and receivable;
- Other, specify : _____

SECTION D: TERM OF VALIDITY OF THE AUTHORIZATION

This authorization will be valid until _____ (no more than six (6) months from the date of signature below).

Despite such term, the enterprise can revoke this authorization at any time by giving BSP written instructions to that effect.

SECTION E: IDENTIFICATION OF THE PERSON AUTHORIZING DISCLOSURE AND AUTORIZATION

The BSP accepts the signature of one of the following persons:

- Authorized person *ex officio*:** A natural person who, by virtue of his status alone, may sign documents on behalf of the agency. This status may differ depending on the legal form of the enterprise. In the case of:
 - Corporation:** They are the President, Vice-President, Secretary or Treasurer on the Board of Directors.
 - Individual enterprise:** It is the sole proprietor.
 - Partnership:** It is one of the partners.
 - Limited partnership:** It is one of the general partners.

OR

- Other person duly authorized to sign documents on behalf of the Agency:** In the case of a corporation, it is a person duly authorized to sign this form under the by-laws of that corporation or a resolution of its board of directors. In the case of an individual enterprise or a partnership, it is a person duly authorized to sign this form under a procuration signed by one of the persons authorized to act *ex officio*. The procuration, the by-laws or the resolution authorizing the signatory in this matter must be attached to this form.

Surname										First name											
Position										Phone number (day)										Ext.	
Professional address (civic number and street)												Apt./Suite									
City										Province					Postal code						

I authorize the Bureau de la sécurité privée to disclose, to the person identified in Section B, information specified in Section C contained in the file of the agency identified in Section A, kept for the purposes of the *Private Security Act* and its regulations, for the period specified in Section D, subject to revocation of this authorization before that date.

I certify that I am a duly authorized person to grant this authorization by my signature below.

I understand that this authorization does not confer the right to this person to represent the enterprise or act on its behalf.

In witness whereof, I have signed:

Signature

Date Y Y Y Y M M D D

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