

CHANGE OF NAME OF LEGAL ENTITY (AGENCY)

Please **send** the form filled out in block letters and the required payment **by mail or in person** 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.

IMPORTANT

This form is to inform the Bureau de la sécurité privée of the change of name of a legal entity holding an agency licence. However, if the change of name occurs in the context of a transaction modifying the agency's legal identity, such as a merger or acquisition, please inform us in writing at info@bspquebec.ca.

SECTION A: AGENCY IDENTIFICATION

Previous name of legal entity

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

Representative's surname

Representative's first name

Date of birth (YYYYMMDD)

SECTION B: AGENCY CHANGE OF NAME

New name of legal entity

Effective date of change of name of legal entity: / /

YYYY MM DD

Does this change of name involve the addition of other names (corporate names) under which the agency operates?

No Yes, specify:

(Add a sheet if necessary. Please note those names will appear on the agency's licence and in the Register of Licence Holders.)

SECTION C: DOCUMENT TO ENCLOSE

Enclose copy of the **Déclaration de mise à jour** or **Certificat de modification** issued by the Registraire des entreprises du Québec.

SECTION D: ACCES 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 E: REPRESENTATIVE'S 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's signature

Date Y Y Y Y M M D D
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SECTION F: PAYMENT SHEET

INFORMATION ON THE AGENCY

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

PAYABLE FEES

All of the agency's licences must be reprinted to reflect the legal entity's change of name.
 Check the box corresponding to each class for which the agency holds a licence, and indicate the number of establishments in Québec for each of those classes. Multiply by the unit price for the printing 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)	Number of establishments in Québec	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 _____	= \$ _____
Total to pay:		\$ _____

GST number: 817788656 QST number: 1216343481

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's surname	Card holder's 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.

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Card holder's signature	Date																
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