

REPRESENTATIVE WORKPLACE CONTACT INFORMATION

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

Or by fax at 514 748-0002, or by e-mail at dossier@bspquebec.ca

If the change of address of the representative's place of work is due to the change of address of the head office, the principal establishment of the agency in Quebec, or another business establishment of the agency, you must also send us the appropriate form available online at www.bspquebec.ca.

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: REPRESENTATIVE WORKPLACE CONTACT INFORMATION

Please note that this information is public and will appear on the Register of Licence Holders.

Civic No.

Street

Suite

City

Province

Postal code

SECTION C: PROFESSIONAL CONTACT INFORMATION UPDATE

If your change of workplace causes a change in your professional contact information, please provide these new details below.

To modify the agency's general communication preferences (language, postal address, etc.) complete the "Communication Preferences" form available online at www.bspquebec.ca.

Phone number (day)

Ext.

Fax

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.)

SECTION D: 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 E: 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 within thirty days.

In witness whereof, I have signed: _____

Representative signature

Date : Y Y Y Y M M D D
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