



## AGENCY LICENCE REPRINTING APPLICATION

For a lost or damaged licence

### Submit your application:

- **Online** via the special section **COVID-19** on **bspquebec.ca**.
- **By mail** to the following address:  
1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

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**Only applications sent electronically or by mail will be processed;  
NO APPLICATIONS SHALL BE RECEIVED IN PERSON.**

Thank you for your understanding.

**Notice:** Not filling out all sections of this form or not sending all required documents or payment could lead to the inadmissibility of your application and return of your documents, and / or significantly delay the processing of your application.

## AGENCY LICENCE REPRINTING APPLICATION

### 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

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

### SECTION B: LICENCE TO REPLACE (Check the class(es) for which this application is filed.)

I hereby request of the Bureau de la sécurité privée to replace the agency licence(s) of the enterprise identified in Section A for the following class(es), since it was lost or damaged:

Security guarding

Locksmith work

Transport of valuables

Investigation

Electronic security systems

Security consulting

I enclosed the payment required in Section E.

### SECTION C: 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 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

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

## SECTION E: PAYMENT SHEET

### INFORMATION ON THE AGENCY

<b>Québec Enterprise Number (NEQ)</b>	<b>BSP File No. or Agency Licence No.</b>
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### PAYABLE FEES (Pricing effective from January 1<sup>st</sup>, 2020)

Indicate the class for which a licence must be reprinted as well as the number of copies required. Multiply the number of copies required by the unit price for the reprinting 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)	Unit Price*	Number of required copy	Total per class
<input type="checkbox"/> Security guarding	<b>\$28.74</b>	X _____	= \$ _____
<input type="checkbox"/> Investigation	<b>\$28.74</b>	X _____	= \$ _____
<input type="checkbox"/> Locksmith work	<b>\$28.74</b>	X _____	= \$ _____
<input type="checkbox"/> Electronic security systems	<b>\$28.74</b>	X _____	= \$ _____
<input type="checkbox"/> Transport of valuables	<b>\$28.74</b>	X _____	= \$ _____
<input type="checkbox"/> Security consulting	<b>\$28.74</b>	X _____	= \$ _____

*\*Unit price per licence copy : \$25.00 + \$1.25 GST + \$2.49 QST = \$28.74*

GST number (5%): 817788656 QST number (9,975%): 1216343481

**Total to pay: \$ \_\_\_\_\_**

### METHODS OF PAYMENT

**Select a method of payment for this transaction:**

**Check payable to the Bureau de la sécurité privée** (no post-dated cheques accepted)

**Bank or postal money order payable to the Bureau de la sécurité privée**

**Payment card:**

<input type="checkbox"/> Mastercard	<input type="checkbox"/> Mastercard Prepaid	<input type="checkbox"/> American Express
<input type="checkbox"/> Visa	<input type="checkbox"/> Visa Prepaid	<input type="checkbox"/> Visa Debit

Card number	Exp (MM/YY)	N° CVV2*

\*N° CVV2: Security number of 3 or 4 digits on the back of your credit card.

<b>Card holder's surname</b>	<b>Card holder's first name</b>
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**AUTHORIZATION** – I authorize the Bureau de la sécurité privée to debit my card with the required amount for the processing of this application.

	Date								
Card holder's signature	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D		

**Phone number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_