

ADDITION OR MODIFICATION OF CORPORATE NAME

Photocopy and add copies of this page as needed.

Submit your application:

- **By email** at **dossier@bspquebec.ca**.
- **By mail** to the following address:
1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

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

Thank you for your understanding.

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: ADD / REMOVE CORPORATE NAME

I wish to add the following corporate name(s):

I wish to remove the following corporate name(s):

SECTION C: REPRINTING OF LICENCE(S)

Do you want to have the agency's license(s) reprinted in order that this change in corporate names appear on it?

- No Yes: If yes, you must complete the payment sheet under Section F.

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 **without delay**.

In witness whereof, I have signed: _____

Signature

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



SECTION F: PAYMENT SHEET

INFORMATION ON THE AGENCY

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

PAYABLE FEES (Pricing effective from January 1st, 2020)

Only if you wish that the Bureau reprint the agency's licence(s) in order to reflect the change in corporate names, check the box(es) corresponding to the class(es) for which the agency holds a licence, and indicate the number of establishment (including head office) 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. Then, add the totals per class and write the total amount to pay where indicated.

gency licence class(es)	Unit Price*		Number of establishment		Total per class
<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	_____	=	\$ _____

*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:

Mastercard

Mastercard Prepaid

American Express

Visa

Visa Prepaid

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.

Card holder's surname

Card holder's first name

AUTHORIZATION - I authorize the Bureau de la sécurité privée to debit my card with the required amount for the processing of this application.

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

Card holder's signature

Phone number | | | - | | - | | |