

REPRESENTATIVE WORKPLACE CONTACT INFORMATION

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.

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 bspquebec.ca.

SECTION A: AGENCY'S 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: REPRESENTATIVE'S WORKPLACE CONTACT INFORMATION

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

Address (civic number and street)

Suite

City

Province

Postal code

SECTION C: PROFESSIONAL CONTACT INFORMATION UPDATE

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 bspquebec.ca.

Phone number (day)

Ext.

Cell phone or other phone number

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 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: 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's signature

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