

AGENCY LICENCE REPRINTING APPLICATION

For a lost or damaged licence

Submit your application:

- **Online** via the special section **APPLY ONLINE (COVID-19)** on **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.

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.

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SECTION A: AGENCY IDENTIFICATION

Legal entity name											
Québec Enterprise Number (NEQ)						BSP File No. or Agency Licence No.					
Representative's surname				Representative's 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:

<input type="checkbox"/> Security guarding	<input type="checkbox"/> Locksmith work	<input type="checkbox"/> Transport of valuables
<input type="checkbox"/> Investigation	<input type="checkbox"/> Electronic security systems	<input type="checkbox"/> 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'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 |

