



## ADDRESS CHANGE OF THE AGENCY'S HEAD OFFICE OR ITS PRINCIPAL ESTABLISHMENT IN QUÉBEC

### 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.

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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.

## FORM - ADDRESS CHANGE OF THE AGENCY'S HEAD OFFICE OR ITS PRINCIPAL ESTABLISHMENT IN QUÉBEC

This form applies only to changes in the address of the head office of the agency or its principal establishment in Québec. For any addition or modification of other establishment of the agency in Québec, complete the form "Addition or modification of establishment(s)" online at [bspquebec.ca](http://bspquebec.ca).

### 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: HEAD OFFICE ADDRESS CHANGE (A post office box will not be accepted.)

Enter here the new address of the legal domicile of the agency: its head office.

- If the head office is in Québec, it will be considered as the new principal establishment in Québec for your agency.
- If you are moving the head office is outside Québec, you must mandatorily keep one (1) business establishment in Québec. In this regard, complete the following section C

**This change will be effective as of:** \_\_\_\_\_ **(Date YYYY/MM/DD)**

Civic No.	Street	Suite/Apt.	Postal code
City	Province	Country	
Phone number	Other phone number	Fax	

### SECTION C: PRINCIPAL ESTABLISHMENT\* IN QUÉBEC ADDRESS CHANGE

Complete this section only if :

- Your head office is outside Québec and you wish to change the address of your principal establishment in Québec;

**OR**

- You moved you head office outside Québec by completing Section B. You must then identify the new principal establishment of your agency in Québec.

**This change will be effective as of:** \_\_\_\_\_ **(Date YYYY/MM/DD)**

Civic No.	Street	Suite/Apt.	Postal code
City	Province	Country	
Phone number	Other phone number	Fax	

\*An **establishment** in Québec must be a physical location where your private security activities are operated, in whole or in part. **Does not constitute an establishment**, among others, a post office box, a professional services office (e.g.: accountant's or attorney's office), or any other location where no activity is carried on by your enterprise in relation to its private security services.

## 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'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 |



## 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 1<sup>st</sup>, 2021)

We must reprint your agency licences to indicate the new address of either your head office in Quebec or your principal place of business, as applicable.

Check the box(es) corresponding to each class for which the agency holds a licence, and enter the number of establishments in Québec (including the head office if it is located in Québec) for each of these classes. Multiply by the unit price per licence and report the result on the line to the right. Finally, add the totals per class and enter the total to be paid where indicated.

Attention: If your application concerns only the change of address of the head office from an address outside Québec to a new address also outside Québec, there is no charge.

Agency licence class(es)	Unit Price*		Number of additional establishment		Total per class
<input type="checkbox"/> Security guarding	\$29.03	X	_____	=	\$ _____
<input type="checkbox"/> Investigation	\$29.03	X	_____	=	\$ _____
<input type="checkbox"/> Locksmith work	\$29.03	X	_____	=	\$ _____
<input type="checkbox"/> Electronic security systems	\$29.03	X	_____	=	\$ _____
<input type="checkbox"/> Transport of valuables	\$29.03	X	_____	=	\$ _____
<input type="checkbox"/> Security consulting	\$29.03	X	_____	=	\$ _____

\*Unit price per licence copy : \$25.25 + \$1.26 GST + \$2.52 QST = \$29.03

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

**Total to pay:** \$           

### METHODS OF PAYMENT

Select a method of payment for this transaction:

**Interac e-Transfer** (Recipient: Bureau de la sécurité privée, Email: comptabilite@bspquebec.ca, Security Question: reason for payment, Security Answer: permis, Reason: Your agency's BSP file number)

**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\*

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\*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 charge on my card the required amount for the processing of this application.

\_\_\_\_\_  
Card holder's signature

Date Y Y Y Y M M D D

Phone number   -  -