

CHANGE OF REPRESENTATIVE

To file your application

Online

Upload your request via section “6-FOR ANY OTHER REQUESTS” on the APPLY ONLINE page at bspquebec.ca, by **clicking here**.

By mail

Send this form and all documents to the following address:
1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

NOTICE - An agency that wishes to change its representative with the Bureau must provide :

- This form duly completed, dated and signed **by the new representative** (whom must be at least 18 years old);
- Appendix 1** duly completed, dated and signed by an authorized person; and
- The required **payment** (non-refundable) (see Section I)

The new representative shall take the interactive online training “The Agency Representative” within 6 months of the date of its designation. The procedure will be communicated to them at the time of confirmation that the change of representative is effective. For more information, go to bspquebec.ca.

FORM - CHANGE OF REPRESENTATIVE

SECTION A: AGENCY IDENTIFICATION

| | |
|--------------------------------|------------------------------------|
| Legal entity's name | |
| Québec Enterprise Number (NEQ) | BSP File No. or Agency Licence No. |

SECTION B: NEW REPRESENTATIVE'S IDENTIFICATION

| | | | |
|---|--|---|--|
| Surname | | First name | |
| Do you use another first name and/or surname? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____ | | | |
| Other surname | | Other first name | |
| Gender <input type="checkbox"/> M <input type="checkbox"/> F | Date of birth Y Y Y Y M M D D | SAAQ Driver's licence <input type="checkbox"/> I do not have one. | |
| Mother's maiden name | | | |
| Do you hold a valid agent licence ? <input type="checkbox"/> No <input type="checkbox"/> Yes*, specify its number: _____ | | | |
| Is this application accompanied by an agent licence application? <input type="checkbox"/> No <input type="checkbox"/> Yes* | | | |
| <p>*As representative, your name and surname, and your workplace contact information will be published on the Register of Licence Holders for the agency, despite any exemption from publication on the Register that would have otherwise been granted to you as agent licence holder in the investigation class or transport of valuables class pursuant to section 81 PSA. If you benefit from such exemption, or have applied for it, and do not want to appear on the agency's Register, you cannot be an agency representative.</p> | | | |

SECTION C: DECLARATION OF THE NEW REPRESENTATIVE RELATIVE TO JUDICIAL OR DISCIPLINARY HISTORY

Unless you have obtained a pardon, have you ever been found guilty, at any place, of a criminal or a penal offence, or a disciplinary offence under the *Private Security Act*?

No Yes, specify: _____

Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the *Private Security Act*?

No Yes, specify: _____

SECTION D: NEW REPRESENTATIVE HOME ADDRESS

| | | |
|--------------------------|----------------------------------|-------------|
| Civic No. | Street | Apt. |
| City | Province | Postal code |
| Residential phone number | Cell phone or other phone number | |
| E-mail address | | |

SECTION E: REPRESENTATIVE'S WORKPLACE CONTACT INFORMATION (A post office box will not be accepted.)

Please note that the information followed by a (*) will be published on the Register of Licence Holders.

| | | | |
|---------------------------|----------------|------------------|---------------------|
| Civic No.* | Street* | | Suite* |
| City* | | Province* | Postal code* |
| Phone number (day) | Ext. | Fax | |

SECTION F: COMMUNICATION PREFERENCES

The representative is the only person authorized to receive communications from the Bureau regarding the agency. All communications from the Bureau to the attention of the Agency will be sent to the representative.

Please indicate the following communication preferences (mailing address must be in Canada):

Language of correspondence: French English

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.)

Correspondence mailing address: Representative's workplace address (if in Canada) (Section E) Other (in Canada), specify below:

| | | | |
|------------------|---------------|-----------------|--------------------|
| Civic No. | Street | | Suite |
| City | | Province | Postal code |

SECTION G: 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 H: NEW REPRESENTATIVE'S DECLARATION

NOTICE - Any false or misleading declaration with respect to this form or any document supporting this application, including the concealment of any important fact, could lead to a refusal of issuance, or the suspension or revocation of an agency licence.

I declare that I have read and understood the above-stated **NOTICE**.

I declare that I was duly appointed in Appendix A to act as the new representative of the enterprise identified in Section A.

I declare that I am devoted full time to the activities of that enterprise and I understand that I will be the only person authorized to communicate with the Bureau de la sécurité privée regarding the agency's file.

I declare that I am aware of the responsibilities and obligations incumbent upon me as a representative and those incumbent upon the agency as an agency licence holder pursuant to the *Private Security Act* and its regulation. Among others, I undertake to take the mandatory training offered by the Bureau to all representatives.*

Furthermore, I undertake to inform the Bureau de la sécurité privée of any change with regards to me, as a representative, and to the agency, including any change of address and any change of director, shareholder or partner, and this, without delay.

Furthermore, I undertake to prove to the Bureau de la sécurité privée the continuing effect of the agency's civil liability insurance and surety bond by providing the necessary annual renewal proofs, if applicable.

I authorize the Bureau de la sécurité privée to provide the Sûreté du Québec with the information required to verify that the conditions stated in section 7 of the *Private Security Act* are met and continue to be met.

I declare that all the information provided in this application 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 on:

New representative's signature

* In virtue of the paragraph 2 of the Section 7 of the Private Security Act, the representative must complete the training offered by the Bureau within six (6) months following the date of its designation. The procedure will be communicated to you at the time of confirmation that the change of representative is effective. For more information, go to bspquebec.ca.

| SECTION I: PAYMENT SHEET | | | | | | | | | | | | | | |
|---|--|---|--|--|---|--|--|--|--|---|--|--|--|--|
| INFORMATION ON THE AGENCY | | | | | | | | | | | | | | |
| Québec Enterprise Number (NEQ) | BSP File No. or Agency Licence No. | | | | | | | | | | | | | |
| PAYABLE FEES (Pricing effective from January 1, 2023) | | | | | | | | | | | | | | |
| Fees for the security verification of the new representative (non-refundable): | \$135.00 | | | | | | | | | | | | | |
| METHODS OF PAYMENT | | | | | | | | | | | | | | |
| Select a method of payment for this transaction: | | | | | | | | | | | | | | |
| <input type="checkbox"/> 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 | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> </table> | | | | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> </table> | | | | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> </table> | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 charge on my card the required amount for the processing of this application. | | | | | | | | | | | | | | |
| <hr style="width: 80%; margin-left: 0;"/> <p style="text-align: center; margin-top: 5px;">Card holder's signature</p> | <p style="text-align: right; margin-bottom: 5px;">Date <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td></tr></table></p> <p style="text-align: right; margin-bottom: 5px;">Téléphone <input style="width: 150px;" type="text"/></p> | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| <input type="checkbox"/> 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). | | | | | | | | | | | | | | |
| <input type="checkbox"/> Check payable to the Bureau de la sécurité privée (mail-in application only - no post-dated cheques accepted) | | | | | | | | | | | | | | |
| <input type="checkbox"/> Bank or postal money order payable to the Bureau de la sécurité privée (mail-in application only) | | | | | | | | | | | | | | |



APPENDIX 1 APPOINTMENT OF REPRESENTATIVE

(Section 2(4.1) of the *Regulation under the Private Security Act*, CQLR, c. S-3.5, r.1)

INSTRUCTIONS

The BSP accepts the signature of one of the following persons, other than the representative themself:

A. Authorized person ex officio: A natural person who, by virtue of his status alone, may sign documents on behalf of the agency. This status may differ depending on the legal form of the enterprise. In the case of:

Corporation*: They are the President, Vice-President, Secretary or Treasurer on the Board of Directors.

Individual enterprise*: It is the sole proprietor.

Partnership: It is one the partners.

Limited partnership: It is one of the general partners.

OR

B. Other person duly authorized to sign documents on behalf of the Agency: In the case of a corporation, it is a person duly authorized to sign this form under the by-laws of that corporation or a resolution of its board of directors. In the case of an individual enterprise or a partnership, it is a person duly authorized to sign this form under a procuration signed by one of the persons authorized to act ex officio. The procuration, the by-laws or the resolution authorizing the signatory in this matter must be attached to this form.

* If you are acting as the representative of an agency for which you are the only person entitled to designate a representative (e.g., sole director, sole entrepreneur), you do not have to complete this representative appointment form.

SECTION I: AGENCY'S IDENTIFICATION

| | |
|---------------------------------------|---|
| Legal entity's name | |
| Québec Enterprise Number (NEQ) | BSP File No. or Agency Licence No. |

SECTION II: SIGNATORY'S IDENTIFICATION

| | |
|---|-------------------------------|
| Signatory's surname | Signatory's first name |
| Confirm the role of the signatory within the agency (depending on the legal form of the agency, as specified in point A or B of the instructions above.) | |

SECTION III: APPOINTMENT OF THE REPRESENTATIVE

| | |
|--|------------------------------------|
| Representative's surname | Representative's first name |
| This appointment is effective as of <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> and supersedes all previous appointment. | |

SECTION IV: SIGNATORY'S DECLARATION

I declare that I am a person duly authorized to sign this designation and I certify that the information contained in this Appendix 1 is accurate and complete.

I approve and confirm the appointment of the person identified in Section III as representative of the enterprise identified in Section I (the « Agency ») with the Bureau de la sécurité privée for the application of the *Private Security Act* and its regulations, and I declare to be a signatory duly authorized to act on behalf of the Agency in this regard.

I understand that, as of the effective date of this appointment, all communication to the Agency will be sent to the person appointed as representative, in the language and at the address specified in Section F of the change of representative form.

Moreover, I understand that the designated representative shall take a mandatory training offered by the Bureau within 6 months of their designation, failing which the validity of the Agency's licence(s) could be affected.

In witness whereof, I have signed on:

Signature of the person identified in Section II