

AGENCY LICENCE REPRINTING APPLICATION

For a lost or damaged licence

Note: This application can be completed through the portal [Accès Agence](#).

Visit acces-bsp.bspquebec.ca to create your profile and proceed online simply and securely.

To file your application

Online at bspquebec.ca - My Account (registration required)

This completed form can be securely filed through the service of [My Account](#) in the **File deposit section**.

By mail or in person to the following address:

1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

SECTION A: AGENCY IDENTIFICATION

Legal entity name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

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:

Security guarding

Locksmith work

Transport of valuables

Investigation

Electronic security systems

Security consulting

I enclosed the payment required in Section D.

SECTION C: REPRESENTATIVE DECLARATION

Representative surname

Representative first name

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 on:

Representative handwritten signature

SECTION D: PAYMENT SHEET

INFORMATION ON THE AGENCY

Québec Enterprise Number (NEQ)	BSP File No. or Agency Licence No.
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PAYABLE FEES (Pricing effective from January 1, 2024)

Indicate the class for which a licence must be reprinted as well as the number of copies required. Multiply the number of copies required by the unit price for the reprinting of a licence, and write the result on the line on the right. Then, add the totals per class and write the total amount to pay where indicated.

Agency licence class(es)	Unit Price*	X	Number of required copy	Total per class
<input type="checkbox"/> Security guarding	\$33.63	X	_____	= \$ _____
<input type="checkbox"/> Investigation	\$33.63	X	_____	= \$ _____
<input type="checkbox"/> Locksmith work	\$33.63	X	_____	= \$ _____
<input type="checkbox"/> Electronic security systems	\$33.63	X	_____	= \$ _____
<input type="checkbox"/> Transport of valuables	\$33.63	X	_____	= \$ _____
<input type="checkbox"/> Security consulting	\$33.63	X	_____	= \$ _____
Total to pay:				\$

* Unit price per licence copy : \$29.25 + \$1.46 GST + \$2.92 QST = \$33.63
 GST number (5%): 817788656 QST number (9,975%): 1216343481

METHODS OF PAYMENT (No payment in cash.)

- Interac e-Transfer** (Recipient: Bureau de la sécurité privée, Email: comptabilite@bspquebec.ca, Security Question: reason for payment, Security Answer: permis, Reason: Your agency BSP file number)
- Cheque payable to the Bureau de la sécurité privée**
(mail-in application only - no post-dated cheques accepted)
- Bank or postal money order payable to the Bureau de la sécurité privée**
(mail-in application only)

<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
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; height: 15px; margin: 5px 0;"></div> Card number	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; height: 15px; margin: 5px 0;"></div> Exp (MM/YY)	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; height: 15px; margin: 5px 0;"></div> N° CVV2* (number on the back of your card)	

Card holder's surname	Card holder's first name
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CONSENT AND AUTHORIZATION OF THE CARD HOLDER: I understand that the BSP collects my card payment information to carry out the transaction required to file this application and I understand that I have the right to access, rectify and withdraw my consent regarding this information which will be held by the Bureau. I also understand that this information may be communicated only to employees for whom it is necessary to access it in the exercise of their duties and to any person who with your authorization or in compliance with the law, such as any payment intermediary in order to carry out this transaction. Finally, I understand that the transmission of this information is not mandatory since several other payment methods are available. I declare that I consent to the Bureau collecting, using, communicating, storing for the necessary period, protecting, and destroying this personal information concerning me in accordance with this declaration.

Card holder's signature	Date Telephone
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