

CHANGE OF REPRESENTATIVE

To submit this request via this form

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.

IMPORTANT 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);
- Section A "Consent regarding personal information"** duly signed and dated.
- 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 – CONSENT REGARDING PERSONAL INFORMATION

A.1 Declaration of the Bureau de la sécurité privée

As a representative, we collect your personal information for the administration and the application of the *Private Security Act* (CQLR, c. S-3.5) ("**PSA**") and its regulations. It is mandatory to provide them to avoid the inadmissibility or refusal of the application of the entreprise you are representing. Your information will be available only to employees if required in the performance of their duties and may be disclosed to third parties within the limits of the *Act respecting Access to documents held by public bodies and the Protection of personal information* (CQLR, c. A-2.1) ("**Access Act**").

The Access Act grants you the right to access and rectify your information and to withdraw your consent. However, such a withdrawal could affect the validity of a licence. For more information, consult our *Privacy Policy* at BSPQuebec.ca.

A.2 Consent of the new representative

I consent to the Bureau collecting, using, disclosing and retaining my information in accordance with the declaration in section A.1 above. Namely, **I consent to the sharing of my personal information** necessary for the purposes of the application of the PSA **between the Bureau and the Sûreté du Québec or any other police force**, including any personal information recorded in any police report and data base.

This consent is valid upon receipt of the agency licence application and for the entire period during which I will be acting as an agency representative within the meaning of the PSA.

In witness whereof, I have signed on (YYYY/MM/DD) : | | | | | | | | | |



New representative handwritten signature

SECTION B: AGENCY IDENTIFICATION

Legal entity name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

SECTION C: NEW REPRESENTATIVE IDENTIFICATION

Surname

First name

Gender M F X

Date of birth (YYYY/MM/DD)

SAAQ Driver licence

I do not have one

Mother maiden name

Do you hold a valid agent licence? No Yes, specify its number: _____

Is this application accompanied by an agent licence application? No Yes*

* As representative, your name and surname will be published on the Register of Licence Holders for the agency, despite any exemption from publishing on the Register that would have been granted to you as an agent licence holder in the investigation class or transport of valuables class pursuant to section 81 PSA. If you benefit from such exemption and do not want to appear on the agency's Register, you cannot be a representative.

SECTION D: DECLARATION RELATIVE TO JUDICIAL HISTORY

Have you been found guilty, in Canada or elsewhere, of a criminal offence for which you have not obtained a pardon?

No Yes, specify: _____

Are you currently facing any criminal or penal charge(s)?

No Yes, specify: _____

SECTION E: NEW REPRESENTATIVE HOME ADDRESS AND CONTACT INFORMATION

Number	Street	Apt.
City	Province	Postal code
Cell phone	Other phone number	Ext.
E-mail address		

SECTION F: NEW REPRESENTATIVE WORKPLACE (A post office box will not be accepted.)

Number	Street	Suite
City	Province	Postal code
Phone number (day)	Ext.	Fax

SECTION G: 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: New representative workplace (if in Canada) (Section F) Other (in Canada), specify below:

Number	Street	Suite
City	Province	Postal code

SECTION H: NEW REPRESENTATIVE 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 1 to act as the new representative of the enterprise identified in Section B.

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.

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 (YYYY/MM/DD):



New representative handwritten 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.
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PAYABLE FEES (Pricing effective from January 1, 2026)

Fees for the security verification of the new representative (non-refundable):	\$146.00
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METHODS OF PAYMENT

<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 border="1" style="width: 100%;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>							
Card number		Exp (MM/YY)	N° CVV2*				

Card holder surname	Card holder 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.

 <hr style="border: 0.5px solid black;"/> <p style="text-align: center;">Card holder signature</p>	<p>Date (YYYY/MM/DD) <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table></p> <p>Telephone <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></p>
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<input type="checkbox"/> Cheque 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)



INSTRUCTIONS

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

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 IDENTIFICATION

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

SECTION II: SIGNATORY IDENTIFICATION

Signatory surname	Signatory 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 surname	Representative first name
This appointment is effective as of (YYYY/MM/DD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and supersedes all previous appointment.	

SECTION IV: SIGNATORY 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 G 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: _____ Date (YYYY/MM/DD)



Handwritten signature of the person identified in Section II