

CHANGE OF REPRESENTATIVE

To submit your 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 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

Who collects your personal information? The collection of your personal information by this form is done by or on behalf of the Bureau de la sécurité privée (« BSP »).

For what purposes? To identify you, to communicate with you, to process the request you make by this form including any transaction included in this request, to ensure the application of the Private Security Act (CQLR, c. S-3.5) (« PSA ») and its regulations, and to satisfy all obligations and exercise all rights granted to the BSP by law.

Is it mandatory? Your personal information collected by this form is mandatory and failure to provide it may result in the ineligibility or refusal of your application.

What are your rights? The *Act respecting access to documents held by public bodies and the protection of personal information* (CQLR, c. A-2.1) (« Access Act ») grants you the right to access, rectify and withdraw your consent regarding your personal information held by the BSP. In addition, please note that the withdrawal of a consent for mandatory information will jeopardize the validity of any licence held by an individual. For more information, visit the Access to information page at bspquebec.ca.

To whom your personal information is disclosed? Your personal information may be disclosed to:

- the BSP’s employees who need access to such personal information in the performance of their duties;
- the Sûreté du Québec, or any other police force, to verify that the conditions set out in section 7 of the PSA is met;
- any other person or entity authorized to receive such communication with your consent or under the law, including the Access Act and the PSA.

What means are used to collect personal information? This form can be submitted online through a secure download account offered by the third party «tresorit» whose link is accessible via the BSP’s website in My Account section of the agency. The use of the services of this third party is for the sole purpose of facilitating the collection through technological means. In addition, it is always possible to use the modes of transmission by mail or in person directly at the BSP.

To consult the **Privacy policy** of the BSP, visit the bspquebec.ca.

A.2 CONSENT OF THE NEW REPRESENTATIVE

Surname of the new representative

First name of the new representative

I declare that I have read and understood the declaration of the Bureau de la sécurité privée in section A.1 above.

I consent to the BSP collecting, using, disclosing, retaining, protecting, destroying and/or anonymizing my personal information in accordance with this declaration.

In witness whereof, I have signed on:

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 <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*			
*As representative, your name and surname 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.			

SECTION D: DECLARATION RELATIVE TO JUDICIAL HISTORY

Regardless of the period of time that has elapsed since, and unless you have obtained a pardon, have you been found guilty by a court, in Canada or elsewhere, of a criminal offence or have you pleaded guilty to such an offence?

No Yes, specify: _____

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

No Yes, specify: _____

SECTION E: NEW REPRESENTATIVE HOME ADDRESS

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 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 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:

| Y | Y | Y | Y | M | M | D | D |

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.								
PAYABLE FEES (Pricing effective from January 1, 2024)									
Fees for the security verification of the new representative (non-refundable):	\$139.00								
METHODS OF PAYMENT (No payment in cash.)									
<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 BSP file number)									
<input type="checkbox"/> Cheque payable to the Bureau de la sécurité privée <small>(mail-in application only - no post-dated cheques accepted)</small>									
<input type="checkbox"/> Bank or postal money order payable to the Bureau de la sécurité privée <small>(mail-in application only)</small>									
<input type="checkbox"/> Payment card <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Mastercard</div> <div><input type="checkbox"/> Mastercard prepaid</div> <div><input type="checkbox"/> American Express</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> Visa</div> <div><input type="checkbox"/> Visa prepaid</div> <div><input type="checkbox"/> Visa Debit</div> </div>									
<div style="border-bottom: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> Card number	<div style="border-bottom: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> Exp (MM/YY)	<div style="border-bottom: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> N° CVV2* (number on the back of your card)							
Card holder's surname	Card holder's first name								
<p>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.</p>									
<div style="border-bottom: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> Card holder's signature	Date <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <tr> <td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">D</td><td style="width: 20px;">D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D		
	Telephone <input style="width: 150px;" type="text"/>								

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 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 <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 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: _____

Handwritten signature of the person identified in Section II