

ADDITION OR MODIFICATION OF ESTABLISHMENT(S)

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.

To modify the address of the agency's head office or principal establishment in Québec, file the form "Change of head office or principal establishment address" available online at bspquebec.ca

SECTION A: AGENCY IDENTIFICATION

Legal entity name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

SECTION B: ADDITION OR MODIFICATION OF ESTABLISHMENT(S)* IN QUÉBEC

Establishment to: Add Modify Delete

Number	Street	Suite/Apt.
City		Postal code
Phone number	Other phone number	Fax

Establishment to: Add Modify Delete

Number	Street	Suite/Apt.
City		Postal code
Phone number	Other phone number	Fax

*The **establishments** declared herein must be physical locations 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 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 E: 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)

We remind you that the agency must keep in display its licence or its official copy issued by the BSP in full view in each of its establishment.

If you add establishment(s), check the box(es) corresponding to the class(es) for which the agency holds a licence, and indicate the number of new establishment for each of those classes. Multiply this number by the unit price for the printing of a licence and write the result on the right line. Add the totals per class and write the total amount to pay where indicated.

Agency licence class(es)	Unit Price*	Number of additional establishment	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 _____	= \$ _____

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

Total to pay: \$

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

Card number

____/____
Exp (MM/YY)

N° CVV2* (number on the back of your card)

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.

_____ Card holder handwritten signature	Date Y Y Y Y M M D D 	Telephone _____
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