

## ADDRESS CHANGE OF THE AGENCY'S HEAD OFFICE OR ITS PRINCIPAL ESTABLISHMENT IN QUÉBEC

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

Visit [acces-bsp.bspquebec.ca](https://www.acces-bsp.bspquebec.ca) to create your profile and proceed online is simply and securely.

### This submit your request via this form

**Online at [bspquebec.ca](https://www.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.

This form applies only to changes in the address of the head office of the agency or its principal establishment in Québec.

For any addition or modification of other establishment(s) of the agency in Québec, complete the form "Addition or modification of establishment(s)" online at [www.bspquebec.ca](https://www.bspquebec.ca).

### SECTION A: AGENCY IDENTIFICATION

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

### SECTION B: HEAD OFFICE ADDRESS CHANGE (A post office box will not be accepted.)

Enter here the new address of the legal domicile of the agency: its head office.

This change will be effective as of: \_\_\_\_\_ (YYYY/MM/DD)

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

**SECTION C: PRINCIPAL ESTABLISHMENT\* IN QUÉBEC ADDRESS CHANGE**

Complete this section if :

- Your principal establishment in Québec is no longer at the same postal address;

**OR**

- You moved your head office outside Québec by completing Section B. You must then identify the new principal establishment of your agency in Québec.

**This change will be effective as of:** \_\_\_\_\_(YYYY/MM/DD)

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

\*An **establishment** in Québec must be a physical location 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 D: REPRESENTATIVE DECLARATION**

<b>Representative surname</b>	<b>Representative first name</b>
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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:** | Y | Y | Y | Y | M | M | D | D |

\_\_\_\_\_

Representative handwritten signature

