

## AUTHORIZATION TO DISCLOSE INFORMATION CONCERNING AN AGENCY

### Submit your application:

**By email** at [dossier@bspquebec.ca](mailto:dossier@bspquebec.ca)

**By mail** to the following address:

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

### Protection of information concerning your agency

Subject to the exceptions provided for in the *Act respecting access to documents held by public bodies and the protection of personal information* (CQLR, c. A-2.1), the Bureau de la sécurité privée is not authorized to disclose information about an enterprise without its consent.

If the enterprise wants a person to have access to some of its information, it must authorize the Bureau to disclose it by filing this form.

### SECTION A: AGENCY IDENTIFICATION

**Legal entity name**

**Québec Enterprise Number (NEQ)**

**BSP File No. or Agency Licence No.**

### SECTION B: IDENTIFICATION OF THE PERSON AUTHORIZED TO RECEIVE DISCLOSURE

**Surname First name**

**First name**

**Address** (number and street)

**Apt.**

**City**

**Province**

**Postal code**

**Phone number**

**Other phone number**

**Fax**

**E-mail address**

### SECTION C: INFORMATION SUBJECT TO THIS AUTHORIZATION

Check the boxe(s) identifying the information contained in the file of the agency identified in Section A, for which you wish to authorize disclosure to the person identified in Section B:

- Identification information (e.g.: NEQ and information appearing on REQ);
- Constitution information (e.g.: constituting act, contract of partnership or declaration of registration, etc.);
- Solvency information;
- Insurance information;
- Agency's account payable and receivable;
- Other, specify: \_\_\_\_\_

