

## APPLICATION FOR ADDITIONAL LICENCE CLASS(ES) (AGENCY)

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

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

### To file your application

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

## BEFORE PROCEEDING

Not filling out all sections of this form or not sending all required documents or payment could lead to the inadmissibility of your application and return of your documents, and / or significantly delay the processing of your application.

### Please read the following instructions carefully:

- The form must be filled out, dated and signed by the agency representative duly nominated to act as such.
- All pages must be filled out, including the payment sheet and the applicable Appendices.
- The representative must read the declaration (Section G), date and sign where indicated.
- Written information must be neat, legible and in block letters.

## DOCUMENT CHECKLIST

The application for additional licence class(es) must include all of the following documents:

- Original and complete “Application for additional licence class(es)” form, duly **filled out, dated** and **signed**.
- Payment of fees, **a portion of which is non-refundable** (see Section I for methods of payment).
- Appendix 1 - Certificate of insurance**, duly filled out, dated and signed, proving the agency is protected by a civil liability insurance policy of at least \$1,000,000 per incident and covering the reparation of the bodily injuries, moral and material damages which could result from the agency’s activities, including new activities for which a licence is requested.
- if you answered “Yes” to the question in Section C, you must provide a proof of surety bond** in the method chosen in Section C:
  - o By insurance policy/contract;
  - o By pledge of a sum of money - Complete Appendix 2;
  - o By pledge of bonds.
- If you answer “Yes” to one or more of the questions in Section E**, enclose the duly filled out, dated and signed ***the appropriate change of address form***, available online at bspquebec.ca.
- If you answer “Yes” in Section F**, enclose the duly filled out, dated and signed ***“Adding Owners, Directors, Partners or Shareholders” form***, available online at bspquebec.ca.

**IMPORTANT: PLEASE DO NOT SEND ORIGINAL DOCUMENTS**

## FORM – APPLICATION FOR ADDITIONAL LICENCE CLASS(ES) (AGENCY)

### SECTION A: AGENCY'S IDENTIFICATION

Legal entity name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

Representative surname

Representative first name

### SECTION B: LICENCE(S) FOR WHICH THE APPLICATION IS FILED – NEW CLASS(ES)

**Class(es) for which this application is filed:** (Check all boxes that apply).

- Security guarding       Locksmith work       Transport of valuables  
 Investigation       Electronic security systems\*       Security consulting

### SECTION C: SURETY BOND

**Was the surety bond currently in the agency's file provided as an insurance policy/contract?**

- Yes - You must provide a new proof of surety bond in the form selected below :  
 No - You will be contacted if necessary.

**Identify in which form the agency chooses to provide the required \$10,000 bond and submit the appropriate documentation with the application based on that selection:**

- By insurance Policy / Contract - ATTACH an original, completed, dated and signed surety bond agreement** demonstrating that the agency has a \$10,000 surety bond in favor of the Bureau de la sécurité privée, valid for the duration of the licence and covering it for its private security activities.  
 **By pledge of a sum of money - ATTACH an original Appendix 2** duly completed and signed by an authorized person, and the pledge of money by one of the methods authorized in Appendix 2.  
 **By pledge of bonds - ATTACH a description of the bonds** you wish to pledge. The Bureau will contact the representative directly once the application is received to clarify the terms and conditions of the pledge of bonds.

### SECTION D: CORPORATE NAMES

**Do the new private security activities offered by the agency involve the addition of other names under which the agency operates in Québec (corporate names)?**

- No     Yes, specify:

(Add a sheet if necessary. Please note that those names will appear on the agency licence and on the Register of Licence Holders.)

### SECTION E: ADDRESSES AND COMMUNICATION PREFERENCES

**Does the addition of new classes of private security activities offered by the agency involve:**

- a change of address of the head office?       No     Yes\*  
 a change of address of the principal establishment in Québec (if the head office is outside Québec)?       No     Yes\*  
 an addition or a modification of other business establishment(s) in Québec?       No     Yes\*  
 a change in the representative's workplace contact information?       No     Yes\*  
 a change in the communication preferences of the agency?       No     Yes\*

\*If you answered "Yes" to one or more of these questions, make such changes directly on the portal Accès Agence or enclose the duly completed and signed form appropriate to your situation. The forms are available online at [bspquebec.ca](http://bspquebec.ca)

**SECTION F: OWNER, DIRECTORS, PARTNERS, SHAREHOLDERS**

Does the addition of new classes of private security activities offered by the agency involve a change of owner, directors, partners or shareholders?

- No  Yes, make the changes directly on the portal Accès Agence or enclose the “Adding Owners, Directors, Partners or Shareholders” form, available online at [bspquebec.ca](http://bspquebec.ca).

**SECTION G: 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 submitting and signing this agency licence application on behalf of the enterprise identified in Section A, for which I was duly nominated to act as the representative.

I declare that I am aware of the responsibilities and obligations incumbent upon me as a representative and those incumbent upon the agency as holder of any additional agency licence pursuant to the *Private Security Act* and its regulations.

Furthermore, I undertake to inform the Bureau de la sécurité privée of any change relative to my person, as a representative, and any change relative 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 also undertake to notify the Bureau at least 30 days prior to the cancellation, termination or non-renewal of the agency's insurance or surety bond, or any reduction of guarantee or, in case of shorter term, at least as soon as the agency is notified by its insurer or broker.

I authorize the Bureau de la sécurité privée to contact the agency's insurer and broker, if any, to obtain any information regarding the mandatory liability insurance under the *Private Security Act* and its regulations.

I declare that all the information provided in this application and its appendixes is accurate and complete, and that any change modifying that information will be communicated to the Bureau without delay

In witness whereof, I have signed on:

\_\_\_\_\_  
Representative handwritten signature

**SECTION H: CALCULATION OF PAYABLE FEES (Pricing effective from January 1, 2024)**

To calculate the payable fees for this application, follow these three (3) steps:

**Step 1: Licence fees (one-half refundable if the licence is not issued)**

Check the box(es) corresponding to each licence class applied for and write the corresponding amount on the line on the right. Add the amounts and enter the total licence fees where indicated. **Please note that only one-half of those fees is refundable if the licence is not issued. (Section 3 Regulation under the Private Security Act)**

**Payable fees per class**

<input type="checkbox"/> Security guarding .....	\$3,440.00		\$ _____
<input type="checkbox"/> Investigation .....	\$2,434.00	+	\$ _____
<input type="checkbox"/> Locksmith work .....	\$1,576.00	+	\$ _____
<input type="checkbox"/> Electronic security systems .....	\$1,576.00	+	\$ _____
<input type="checkbox"/> Transport of valuables .....	\$1,576.00	+	\$ _____
<input type="checkbox"/> Security consulting .....	\$2,434.00	+	\$ _____
	<b>Total New licence(s)</b>		<b>\$</b> <input style="width: 100px;" type="text"/>

**Step 2 : Additional Copy fees (refundable if the licence is not issued)**

If you have only one business establishment in Québec, skip to Step 3, since the licence fees (above) already include the printing of one (1) licence per class for the principal establishment. Otherwise, complete the missing data below, perform the following multiplication and write the total copy fees where indicated.

<b>Unit price for a licence copy</b> (\$29.25 + \$1.46 GST + \$2.92 QST)	→	<u>\$33.63</u>
<b>Quantity of establishments in Quebec (other than the principal*)</b>	→	X _____
<b>Quantity of licence classes applied for</b>	→	X _____
		<b>Total copy(ies) =</b> <input style="width: 100px;" type="text"/>

GST number (5 %): 817788656 QST number (9.975%): 1216343481

\*The licence fees include the price of one (1) copy for the principal establishment in Québec.

**Step 3 : Total application fees**

Add the following two (2) amounts and carry forward the total amount payable to Section J - Payment sheet:

- The Total New Licence(s) (Step 1)		<input style="width: 100px;" type="text"/>
		\$ _____
- The Total Copy(ies) (Step 2)	+	<input style="width: 100px;" type="text"/>
		\$ _____
	<b>TOTAL PAYABLE FEES =</b>	<b>\$</b> <input style="width: 150px;" type="text"/>



**SECTION I : PAYMENT SHEET**

Québec Enterprise Number (NEQ) of the agency	BSP File No. or Agency Licence No.
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**METHODS OF PAYMENT (No payment in cash.)**

**Payment card**

NOTICE - Any missing information on this voucher will result in a refusal of your payment and a return of the application to the sender.

**Authorized payment amount** (write the TOTAL PAYABLE FEES amount of Section H):

\$ <input style="width: 100%;" type="text"/>
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- |                                     |   |   |
|-------------------------------------|---|---|
| <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       |

<input style="width: 100%; border-top: 1px dashed black; border-bottom: 1px dashed black;" type="text"/> <b>Card number</b>	<input style="width: 100%; border-top: 1px dashed black; border-bottom: 1px dashed black;" type="text"/> <b>Exp (MM/YY)</b>	<input style="width: 100%; border-top: 1px dashed black; border-bottom: 1px dashed black;" type="text"/> <b>N° CVV2</b> (number on the back of your card)
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<b>Card holder surname</b>	<b>Card holder first name</b>
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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: none; border-top: 1px solid black; width: 100%;"/> <b>Card holder handwritten signature</b>	<b>Date</b> <input style="width: 100%; border-top: 1px dashed black; border-bottom: 1px dashed black;" type="text"/>
	<b>Téléphone</b> <input style="width: 100%; border-top: 1px dashed black; border-bottom: 1px dashed black;" type="text"/>

- 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)
- Interac e-Transfer** (Recipient: Bureau de la sécurité privée, Email: comptabilite@bspquebec.ca, Security Question: reason for payment, Security Answer: permis, Reason: Your agency's BSP file number)





## IMPORTANT NOTICE

Any person duly authorized to sign this document must ensure that its contents are accurate and fully represent the insurance coverage offered to the insured in order to comply with the *Private Security Act* and its regulations.

Any false or misleading declaration with respect to this Certificate of insurance could lead to a refusal of issuance, or the suspension or revocation of an agency licence. Such false or misleading declaration could also be communicated to the body or the competent authority governing the signatory.

Please return the duly completed certificate of insurance to the agency which can file it with the BSP securely (portal Accès Agence or My Account). With the agency's authorization, you may also send it at dossier@bspquebec.ca taking into consideration that this method is not secured.

## SECTION I: INSURED IDENTIFICATION

Legal entity name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

Number

Street

Suite

City

Province

Postal code

## SECTION II: SIGNATORY IDENTIFICATION

Role  **Broker**, specify the **certificate number** (e.g. AMF, RIBO, etc.): \_\_\_\_\_

**Agent authorized by the insurer, attach proof that you are authorized** to sign on behalf of the insurer.

Surname of signatory

First name of signatory

Professional email address

Phone number (day)

Ext.

## SECTION III: CIVIL LIABILITY INSURANCE POLICY

Insurer

Policy No.

Start date

End date

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

The undersigned broker or agent authorized by the insurer certifies that:

1. **The insured is minimally covered against the financial liability, for the repair of bodily injury or property damage, resulting from a harmful event occurring in the following activities:**

a. **Security guarding** namely, watching or protecting persons, property or premises mainly to prevent crime and maintain order;

Yes  No

b. **Investigation**, namely, searching for persons, information or property, particularly searching for information on an offence or collecting information on the character or conduct of individuals;

Yes  No

c. **Locksmith work**, namely, keying, installing, maintaining and repairing mechanical and electronic locking devices, installing, maintaining and repairing, and changing the combinations of safes, vaults and safety deposit boxes, designing and managing master key systems, maintaining key code records, cutting keys other than by duplicating existing keys, and unlocking a building door, piece of furniture or safe other than by using a key or following the prescribed procedure;

Yes  No

**d. Electronic security systems**, namely, installing, maintaining and repairing, and ensuring the continuous remote monitoring of burglar or intrusion alarm systems, video surveillance systems and access control systems, except vehicle security systems;  Yes  No

**e. Transport of valuables**, namely, the transportation of money or other valuable goods.  Yes  No

**f. Security consulting**, namely, providing consulting services on protection against theft, intrusion or vandalism independently from the other activities referred to in this section and particularly by developing plans or specifications or presenting projects.  Yes  No

**2. The insurance includes one or more exclusions provided by endorsement to the general liability insurance basic form and related to the insured's private security activities identified in 1.**  Yes  No

**If you answered "Yes", you must file with this certificate copies of the endorsement(s) providing exclusions related to private security activities of the insured.**

**3. The insurance amount is at least \$1,000,000 per incident.**  Yes

**4. The insured is the only legal entity covered by this insurance.**  Yes  No

**If you answered "No", please answer the following statements:**

**a. The insurance includes a cross liability clause.**  Yes  No

**b. The limit of coverage per incident for each insured is:**

**c. The other Named Insured\* under this insurance policy is/are:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Please do not provide Additional Insured, but only Named Insured.

**SECTION IV: DECLARATION OF THE BROKER OR THE AGENT AUTHORIZED BY THE INSURER**

I declare to be a duly authorized signatory, as a broker of the insured or as an agent authorized by the insurer, to sign this Certificate of Insurance.

I declare that I have read and understood the IMPORTANT NOTICE in the introduction to this Certificate of Insurance.

I declare that the information in this Certificate of Insurance is accurate and complete and that it fully represents the insurance provided to the insured for the compliance with the *Private Security Act* (CQLR, c. S-3.5) and its regulations.

**I undertake to notify the Bureau at least 30 days prior to the cancellation or termination of the policy, or any reduction of guarantee or, in case of shorter term, at least as soon as the insured is notified.**

I understand that the Bureau de la sécurité privée may contact the broker or the authorized agent undersigned in order to verify the information contained in this Certificate of Insurance.

**In witness whereof, I have signed :**

\_\_\_\_\_  
 Signature of the broker or the authorized agent

## Appendix 2 – If applicable Security in the form of a pledge of money

(Sections 2(4) and 6 of the *Regulation under the Private Security Act*, CQLR, c. S-3.5, r.1)

This form is mandatory when an enterprise wishes to provide a security by pledging a sum of money in order to comply with the *Private Security Act* (CQLR, c. S-3.5) and its regulations.

**The original of this form and the pledge must be sent to the Bureau de la sécurité privée at the following address:**

1611 Crémazie Boulevard East, Suite 500, Montreal, Quebec H2M 2P2

### SECTION A: AGENCY IDENTIFICATION

Legal entity name			
Québec Enterprise Number (NEQ)		BSP File No. or Agency Licence No.	
Number	Street	Suite	
City		Province	Postal code

### SECTION B: DESCRIPTION OF THE PLEDGE

The amount of the pledge is **\$10,000.00 Canadian**.

Identify the security method used:

Certified cheque payable to the Bureau de la sécurité privée

Postal money order payable to the Bureau de la sécurité privée

Bank draft or money order payable to the Bureau de la sécurité privée

### SECTION C: UNDERTAKING OF THE AGENCY AS SURETY

**WHEREAS** the Agency identified in Section A (the “**Agency**”) has applied to the Bureau de la sécurité privée (the “**Bureau**”) for the issuance or renewal of a private security agency licence pursuant to the *Private Security Act* (CQLR, c. S-3.5) (the “**PSA**”) and its regulations;

**WHEREAS** pursuant to Section 9(4) of the PSA, an enterprise that requires an agency licence must provide a security to guarantee the performance of its obligations in the amount and form determined by regulation;

**WHEREAS** the *Regulation under the Private Security Act* (r.1) (the “**Regulation**”), stipulates in its section 2(4°) that the application for an agency licence must be accompanied by a proof of the security required in Section 6 of the said Regulation;

**WHEREAS** the Regulation provides in Section 6 that an agency licence holder shall provide the Bureau with a security in the form of a pledge of money or bonds or by an insurance policy in the amount of \$10,000.00;

**WHEREAS** the Agency chooses to fulfill this obligation by tendering to the Bureau the pledge described in Section B (the “**Pledge**”);

**IT IS UNDERSTOOD AND AGREED** that the Agency, as surety, agrees to pay the Bureau, as beneficiary of this security, the principal, interests and costs awarded by any irrevocable judgment in favor of the Bureau obtained as a result of the exercise of a civil remedy with respect to a monetary obligation fixed by the PSA or any of its regulations, when the Agency fails to pay an amount due to the Bureau;

**IT IS UNDERSTOOD AND AGREED** that the Agency, as surety, undertakes to pay to the Bureau, as beneficiary of this security, any amount due under a settlement between the Bureau and the Agency pursuant to the exercise of a civil remedy concerning a monetary obligation fixed by the PSA or any of its regulations, when the Agency fails to pay an amount due to the Bureau;

.../next

**IT IS UNDERSTOOD AND AGREED** that the Agency, together with its respective directors, legal representatives, successors and assignees, shall be solidarily liable to the Bureau as the principal debtor and surety for the amount of the Pledge;

**IT IS UNDERSTOOD AND AGREED** that the Agency hereby waives the benefits of discussion and division;

**IT IS UNDERSTOOD AND AGREED** that this security is valid and effective for the duration of any Agency licence, including the renewal of any such licence, if any, even if any such licence is suspended;

**NOTWITHSTANDING THE FOREGOING**, it is understood and agreed that the surety may terminate the security upon no less than a ninety (90) day written notice, which notice shall be delivered by certified or registered mail to the address of the Bureau de la sécurité privée's head office;

**IT IS UNDERSTOOD AND AGREED** that notwithstanding the revocation or non-renewal of the Agency's licence, the Bureau will retain this Pledge for a period of ninety (90) days from the date of the revocation or the non-renewal of the licence. Beyond this period, the Bureau may retain the Pledge when informed of a monetary obligation for which this security could guarantee payment. Otherwise, the Bureau shall remit the full amount by cheque;

**THIS SECURITY IS EFFECTIVE** at the time the payment is debited in favor of the Bureau.

**IN WITNESS WHEREOF** the Agency has signed this security in (city) \_\_\_\_\_

on (date) \_\_\_\_\_.

**SIGNATURES**

**WITNESS**

\_\_\_\_\_  
Signature (witness)

\_\_\_\_\_  
Name of the witness (print)

\_\_\_\_\_  
Address of the witness

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**THE AGENCY**

\_\_\_\_\_  
Signature by an authorized signatory\* of the Agency

\_\_\_\_\_  
Name of the signatory (print)

\_\_\_\_\_  
Capacity or function of the signatory

\_\_\_\_\_  
Address of the signatory

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\* **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 of 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.