

CHANGE OF NAME OF LEGAL ENTITY (AGENCY)

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

Visit acces-bsp.bspquebec.ca to create your profile and proceed online simply and securely.

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 or in person to the following address:

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

IMPORTANT

This form is to inform the Bureau de la sécurité privée of the change of name of a legal entity holding an agency licence. However, if the change of name occurs in the context of a transaction modifying the agency's legal identity, such as a merger or acquisition, please inform us in writing at info@bspquebec.ca.

SECTION A: AGENCY IDENTIFICATION

Previous name of legal entity

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

SECTION B: AGENCY CHANGE OF NAME

New name of legal entity

Effective date of change of name of legal entity:

Does this change of name involve the addition of other names (corporate names) under which the agency operates?

No **Yes, specify:**

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

SECTION C: DOCUMENT TO ENCLOSE

Enclose copy of the **Déclaration de mise à jour** or **Certificat de modification** issued by the Registraire des entreprises du Québec.

SECTION D: 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 F: 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)

All of the agency's licences must be reprinted to reflect the legal entity's change of name.

Check the box corresponding to each class for which the agency holds a licence, and indicate the number of establishments in Québec for each of those classes. Multiply by the unit price for the printing of a licence and write the result on the line on the right. Then, add up each total per class and write the total amount to pay where indicated.

Agency licence class(es)	Unit Price*		Number of establishments in Québec (including head office)	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)

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
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Telephone _____