

CANCELLATION OF LICENCE APPLICATION (AGENCY)

To submit your request via this form

Online - You can contact the [information department](#) for a secure link to upload your documents

By mail or in person to the following address:

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

SECTION A: AGENCY IDENTIFICATION

Previous name of legal entity

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

SECTION B: REQUEST FOR CANCELLATION OF APPLICATION

I hereby request that the licence application for the enterprise identified in section A be cancelled for the following class(es):

- | | | |
|--|--|---|
| <input type="checkbox"/> Security guarding | <input type="checkbox"/> Locksmith work | <input type="checkbox"/> Transport of valuables |
| <input type="checkbox"/> Investigation | <input type="checkbox"/> Electronic security systems | <input type="checkbox"/> Security consulting |

Reasons for cancellation:

SECTION D: REPRESENTATIVE DECLARATION

Representative surname

Representative first name

I understand that the analysis of my agency's application will cease without a decision being made by the Bureau, and that, as stipulated in Section 3 of the *Regulation under the Private Security Act*, **only one-half of the licence class(es) fees will be reimbursed** to the agency in relation to this application cancelled.

I also understand that pursuant to Section 4 of the *Private Security Act*, any person operating an enterprise that carries on a private security activity must hold an agency licence of the appropriate class, under penalty of penal sanctions as provided for by Act.

I declare that the information provided herein is accurate and complete.

In witness whereof, I have signed on:

Representative handwritten signature