

REQUEST FOR THE REVOCATION OF A LICENCE (AGENCY)

Submit your application:

- **By email** at dossier@bspquebec.ca.
- **By mail** to the following address:
1611, Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

You must return **your agency licence** to us, and **any copy** thereof if applicable, within 15 days of its revocation. If your enterprise has already ceased its activities, we invite you to send the licence and all its copies attached to this revocation form.

SECTION A: AGENCY IDENTIFICATION

Legal entity name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

Representative surname

Representative first name

Date of birth

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

SECTION B: REQUEST FOR REVOCATION OF A LICENCE

I **hereby request** of the Bureau de la sécurité privée to revoke the agency licence of the enterprise identified in Section A of 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 |

Effective as of: Y Y Y Y / M M / D D

Reason for revocation:

- The enterprise identified in Section A ceases to provide private security activities in the class(es) identified in Section B.
- Other, specify:
- _____
- _____

SECTION C: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION

Personal information is collected for the application of the *Private Security Act* and will only be used for this purpose. This information will be available only to employees if required in the performance of their duties. This information can be disclosed to third parties within the limits of the *Act Respecting Access to Documents held by Public Bodies and protection of Personal Information*, or with the consent of the person to whom the information relates.

SECTION D: DECLARATION

I understand that no fees can be refunded in respect of the licence for which I request revocation.

I also understand that, pursuant to section 4 of the *Private Security Act*, as of the revocation of the private security agency licence, it will be strictly prohibited for the enterprise identified in Section A to offer private security services corresponding to such licence, under the penal sanctions provided for in the Act.

I declare that information provided in this form is accurate and complete.

In witness whereof, I have signed: _____

Representative signature

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