

TEMPORARY LICENCE CONVERSION TRAINING AND EVENT SECURITY

Please **send** the completed form in block letters and the required payment **by mail or in person** to this address:

Bureau de la sécurité privée
6363 West Trans-Canada Highway, Suite 206
Saint-Laurent, Québec H4T 1Z9

Do not send the form by fax or email. It would be considered ineligible and would not be processed.

This form is intended for holders of a **valid temporary agent licence** issued in the context of a **training** towards qualification for the issuance of a regular agent licence (Section 17(1^o) of the *Regulation under the Private Security Act*), including holders of a temporary agent licence in security guarding for event security.

The temporary licence must be valid at the time of the conversion application. Should the applicant fail to file the conversion application before the expiry of the temporary licence, a new agent licence application shall be filed, accompanied with the corresponding fees.

SECTION A: AGENT IDENTIFICATION			
Surname	First name		
Date of birth (YYYYMMDD)	BSP File No. or Agent Licence No.		
Your mother surname at birth			
Address (Civic No. and street)			Apt.
City		Province	Postal code
Home phone number		Cell phone or other phone number	
E-mail address			

SECTION B: CONVERSION APPLICATION	
Temporary licence No.	Class of temporary licence
I hereby request the conversion of my above-mentioned temporary agent licence into a regular agent licence in the same class.	
The following are enclosed with my application:	
<input type="checkbox"/> the documents certifying that I have successfully completed the training towards qualification for the obtention of the licence (official transcript, diploma, certificate, etc.); et	
<input type="checkbox"/> valid payment of the required fees (see amount and methods of payment in Section F).	

SECTION C: CURRENT JOB IN PRIVATE SECURITY (Add an appendix if necessary).			<input type="checkbox"/> Not applicable
Employer name			
Address (Civic No. and street)			Suite
City		Province	Postal code
Phone number		Ext.	
Job title			Since (YYYYMMDD)

SECTION D: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION

Personal information is collected for the purpose of 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 E: DECLARATION

NOTICE – Any false or misleading declaration with respect to this form or any supporting document to this application, including the non divulgence of any material fact, may result in a refusal to issue, or the suspension or the revocation of an agent licence.

I declare that I have read and understood the above-stated **NOTICE**.

I declare that I am aware of the responsibilities and obligations incumbent upon me pursuant to the *Private Security Act* and its regulation.

Among others, I understand that fees are payable on an annual basis and that **my licence could be revoked should I fail to pay those fees.**

Furthermore, I undertake to immediately inform the Bureau de la sécurité privée of any change relative to my address or employer.

I authorize the Bureau de la sécurité privée to contact my training institution to corroborate the information I have provided in support of my application, and to obtain additional information or documents, if needed.

I solemnly declare that I am the applicant for this additional agent licence application. I declare that all the information provided herein is accurate and complete and that any change modifying that information will **immediately** be communicated to the Bureau de la sécurité privée.

In witness whereof, I have signed:

Signature

Date :

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