

## APPLICATION FOR AN EXEMPTION FROM PUBLICATION ON THE REGISTER OF LICENCE HOLDERS

**Only for holders of an investigation agent licence**  
(Section 81 of the *Private Security Act*, CQLR, c. S-3.5)

Please send the completed form in block letters **to this address**:

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

or by **fax** at 514 748-0002, or by **e-mail** at [dossierbsp@bspquebec.ca](mailto:dossierbsp@bspquebec.ca)

**You must provide with this form :**

a letter from your employer confirming the reasons for this request as outlined in Section C below.

**SECTION A: AGENT IDENTIFICATION**

Surname		First name	
Date of birth (YYYYMMDD)	Your mother surname at birth		
Address (Civic No. and street)			Apt.
City		Province	Postal code
Phone number		Cell phone or other phone number	
E-mail address			

Are you a representative for a private security agency?  No  Yes\*, specify the BSP file No.: \_\_\_\_\_

\* As representative, your name and surname, and your workplace contact information must be published on the Register of Licence Holders, despite any exemption from publication on the Register pursuant to Section 81 PSA that would otherwise be granted to you as agent licence holder in the investigation class. Such an exemption can only be granted to an agent and not to an agency.

If the Bureau grants you an exemption from publication upon receipt of this form, your information will continue to appear on the Register for the agency for which you are the representative. If you do not wish to appear on the Register for your agency, you cannot be an agency representative. In such case, your agency must change its representative by filing the appropriate form, available online at [www.bspquebec.ca](http://www.bspquebec.ca).

**SECTION B: REQUEST FOR EXEMPTION OF PUBLICATION ON THE REGISTER OF LICENCE HOLDERS**

I hereby request of the Bureau de la sécurité privée that information concerning myself recorded on the Register of License Holders remain confidential with respect to my agent licence in the investigation class:

Licence No.: INV \_\_\_\_\_

**SECTION C: REASONS FOR THIS REQUEST** (Please attach a letter from your employer to confirm the reasons for this request.)

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**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**

I hereby authorize the Bureau de la sécurité privée to corroborate with my employer any information related to the reasons I provided in support of my exemption form publication request, and I authorize the Bureau to obtain any additional related information or documents from such employer, as required.

I understand that any decision to exempt publication on the Register of Licence Holders will cease to have effect on the expiry of the licence specified in Section B.

I declare that all the information provided in this form 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    Y   Y   Y   Y    M   M    D   D  
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