

## APPLICATION FOR AN IMMEDIATE SUPERIOR AGENT LICENCE (WITHOUT RIGHT TO PRACTICE)

**Send your application, all required documents (see following page) and complete payment (by mail or in person) at 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.

**Notice: Not filling out all sections of this form or not sending all required documents or payment could lead to the inadmissibility of your application and return of your documents, and / or significantly delay the processing of your application.**

### BEFORE PROCEEDING

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**Please read the following instructions carefully:**

- ✓ The form must be filled out and signed by the applicant.
- ✓ The applicant must be at least 18 years of age.
- ✓ You must fill out and send all pages of the form, including Appendix 1 and the payment sheet.
- ✓ You must read the declaration (Section H) and sign within the inner limits of the signature box. This signature will appear on your licence.
- ✓ A respondent must authenticate your photos, and fill out and sign Section I.
- ✓ The information written must be neat, legible and in block letters.

## DOCUMENT CHECKLIST

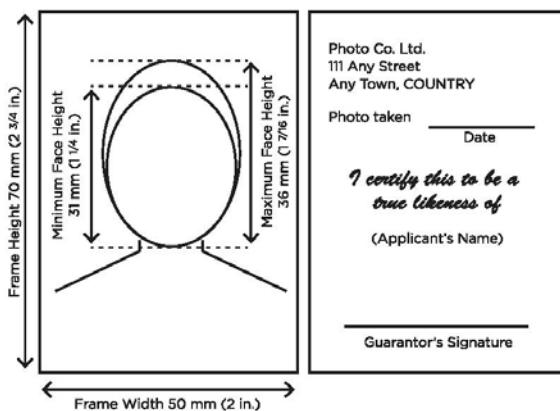
The application for an immediate superior agent licence (without right to practice) must include all the following documents:

- Original and complete application form for an agent licence without right to practice, duly filled out, dated and signed.
- Payment of fees (see Section J for methods of payment).
- Appendix 1 – Employer Declaration**, duly filled out, dated and signed by your immediate or hierarchical superior.
- A copy of your **birth certificate**:

For applicant **born in Canada**: issued by the Directeur de l'état civil or Vital Statistics Agency of your province of origin.

For applicant **born outside of Canada**: issued by the competent government authority of your country of origin. Please note that your birth certificate must be in French or English, otherwise you must also provide us with a translation into one of these official languages made by a member of the Ordre des traducteurs, terminologues et interprètes agréés du Québec.

- A copy of your **valid driver licence** (necessary, if you have one), or **if you do not have one, of another valid piece of photo identification** issued by a government in Canada (federal or provincial) including name, photo, signature and date of birth, among the following: passport, health insurance card, Canadian citizenship certificate (card), permanent resident card, Certificate of Indian Status.
- Two (2) identical colour photos in a passport format (5 cm x 7 cm)** taken during the six (6) month period preceding the application. The photos must be taken facing front, against a white background, and show the applicant from the shoulders up. The applicant must be bare-headed. The photos must be dated on the back with a dater. **One of the photos must be authenticated by your respondent**, who must meet the criteria of Section I. Example\*:



Note: A hat or head covering may not be worn unless it is worn daily for religious or medical reasons.

However, your entire face must clearly appear and head covering should not create shading on the face.

\*Does not correspond to actual size – Please refer to the indicated measures.

**IMPORTANT: PLEASE DO NOT SEND ORIGINAL DOCUMENTS, EXCEPT THE APPLICATION FORM**

## FORM – APPLICATION FOR AN IMMEDIAT SUPERIOR AGENT LICENCE\*

SECTION A: APPLICANT IDENTIFICATION			
Surname	First name		
Do you use another first name and/or surname? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:			
Other surname	Other first name		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (YYYY/MM/DD)	SAAQ Driver licence <input type="checkbox"/> I do not have one.	
Your mother surname at birth			
Language of correspondence: <input type="checkbox"/> French <input type="checkbox"/> English		Means of communication: <input type="checkbox"/> Regular mail <input type="checkbox"/> E-mail	

SECTION B: APPLICANT HOME ADDRESS			
Civic No.	Street	Apt.	
City		Province	Postal code
Home phone number	Cell phone or other phone number		
E-mail address			
Since when do you live at this address?		Date : / / YYYY MM DD	From (YYYY/MM)
If it has been less than five (5) years, indicate all other addresses for the past five (5) years: (Civic No., street, apt., city, postal code, province)		To (YYYY/MM)	

SECTION C: DECLARATION RELATIVE TO JUDICIAL OR DISCIPLINARY HISTORY
Unless you have obtained a pardon, have you ever been found guilty, at any place, of a criminal or a penal offence, or a disciplinary offence under the <i>Private Security Act</i> ?
<input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____
Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the <i>Private Security Act</i> ?
<input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____

\*Without right to practice

<b>SECTION D: CURRENT JOB IN PRIVATE SECURITY</b>				<input type="checkbox"/> Not applicable	
Employer name					
Address (Civic No. and street)					Suite
City			Province		Postal code
Phone number		Ext.			
Job title					Since (YYYY/MM/DD)

<b>OTHER CURRENT JOB IN PRIVATE SECURITY</b> (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 (YYYY/MM/DD)

<b>SECTION E: ARE YOU IN THE EMPLOY OF A POLICE FORCE?</b>		<input type="checkbox"/> No		<input type="checkbox"/> Yes*, specify:	
Police force					
City			Province		
Job title					Since (YYYY/MM/DD)
*This employment may be incompatible with holding an agent licence in private security. For any information on this subject, contact our Information Department.					

<b>SECTION F: REQUEST FOR CONSENT – CANADA ANTI-SPAM LEGISLATION</b>
<p>In compliance with Canada anti-spam legislation, we must obtain your consent in order to send you certain electronic communications of a commercial nature. Thus, to be added to our mailing list, give us your consent by checking the box below:</p> <p><input type="checkbox"/> <b>I consent to receive electronic communications of a commercial nature from the BSP.*</b></p> <p>Please note that should you not consent to receive messages of a commercial nature, the BSP will continue to send you informative messages, including messages relative to the protection of the public or your obligations as a licence holder.</p> <p>*You may withdraw your consent at any time by e-mail at <a href="mailto:communications@bspquebec.ca">communications@bspquebec.ca</a>.</p>

<b>SECTION G: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION</b>
<p>Personal information is collected for the purpose of the application of the <i>Private Security Act</i> 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 <i>Act respecting access to documents held by public bodies and Protection of personal information</i>, or with the consent of the person to whom the information relates</p>

**SECTION H: DECLARATION**

**NOTICE** – Any false or misleading declaration with respect to this form or any supporting document to this application, including the non divulgation 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 understand 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 such fees.**

I declare that I act as an immediate superior of private security agents, but that I do not engage my-self in private security activities within the meaning of section 16 of the Act. I understand that, as such, I am exempted from satisfying the training requirement set out in section 3 of the *Regulation respecting the training required to obtain an agent licence to carry on private security activities* and, consequently, that the licence issued to me, if applicable, will not confer on me the right to engage in private security activities, but only to act as an immediate superior of agent(s) engaged in such activities.

Therefore, **I undertake not to engage in any private security activities subject to the Act and I understand that in the event that I wish to engage in such activities, I must first file an application to convert my licence into an agent licence in the relevant class, meet the criteria, and be granted an agent licence of such class**, under penalty of penal sanctions.

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

I declare that the photos enclosed hereto were taken during the last six (6) months and reflect my actual physical appearance.

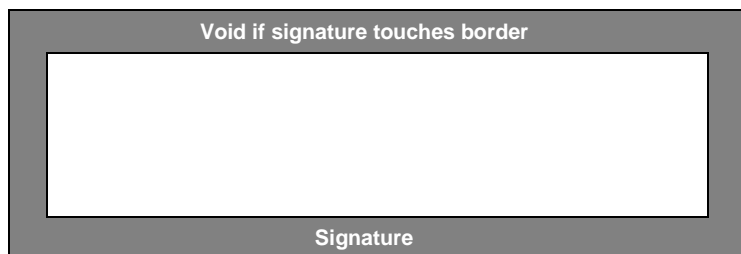
I authorize the Bureau de la sécurité privée to provide the Sûreté du Québec with the information required to verify that the conditions stated in paragraphs 2 and 3 of Section 19 of the Private Security Act are met. Moreover, I understand that the Sûreté du Québec is authorized pursuant to the Private Security Act to inform the Bureau de la sécurité privée of the results of such verifications, and its follow-up, and to give its opinion as to compliance with said conditions.

I authorize the Bureau de la sécurité privée to corroborate with my employer any information related to the employer declaration under Appendix 1 that I provided in support of my licence application, and I authorize the Bureau to obtain any additional information or documents regarding my duties assignments, as required.

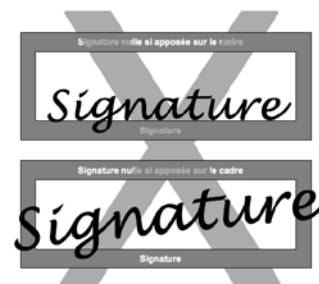
I solemnly declare that I am the applicant for this agent licence application. I declare that all the information provided herein is accurate and complete and that any change modifying that information will **immediately** be communicated to the Bureau de la sécurité privée.

In witness whereof, I have signed:

**SIGN WITHIN THE BORDERS OF THE SIGNATURE BOX**



A rectangular box with a thick border. At the top, it says "Void if signature touches border". At the bottom, it says "Signature". The interior of the box is empty, representing the space for a signature.



**Date**      Y   Y   Y   Y      M   M      D   D

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**SECTION I: RESPONDENT**

The respondent (including any commissioner for oaths, notary or lawyer) must:

- ✓ Fill out subsections I.1, I.2 and I.3
- ✓ Authenticate one of the photos accompanying this application

**NOTICE** – The respondent must be a Canadian citizen or permanent resident and be at least 18 years of age. The respondent must have known the applicant personally for at least one (1) year and must be available for verification by the Bureau de la sécurité privée.

If you have not known anyone for at least one (1) year, the only people authorized to act as your respondent and authenticate your photo are a commissioner for oaths, a notary or a lawyer.

**I.1: RESPONDENT IDENTIFICATION**

Surname		First name	
Occupation		Professionnal number (if applicable)	
Address (Civic No. and street)			Suite / Apt.
City		Province	
Postal code	E-mail address		
Phone number (day)	Ext.	Cell phone or other phone number	
I have known the applicant for _____ year(s).		Relation to applicant	

**I.2: AUTHENTICATION OF PHOTOS**

The respondent must **write**: "**I certify the authenticity of this photo of (*name of applicant*)" on the back of one of the photos** and must **sign** this same photo.

**I.3: DECLARATION OF THE RESPONDENT**

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

- I declare that I have personally known for at least one (1) year the applicant named below and whose signature appears in Section H of this form and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the applicant.
- Declaration of the commissioner for oaths, notary or lawyer: I declare that I have seen the applicant named below and whose signature appears in Section H of this form and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the applicant.

\_\_\_\_\_ (write the APPLICANT NAME in block letters)

_____ <b>Respondent signature</b> ((Including any commissioner for oaths, notary or lawyer).	<b>Date</b> <table style="margin: auto;"> <tr> <td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> <td style="text-align: center;">M</td><td style="text-align: center;">M</td> <td style="text-align: center;">D</td><td style="text-align: center;">D</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	Y	Y	Y	Y	M	M	D	D								
Y	Y	Y	Y	M	M	D	D										

**SECTION F: PAYMENT SHEET**

Applicant surname	Applicant first name
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**Is this agent licence application accompanied by an agency licence application?**

No

Yes, name of agency: \_\_\_\_\_

**PAYABLE FEES**

		From Jan.1 <sup>st</sup> , 2019
<input checked="" type="checkbox"/> Immediate Superior Agent Licence		<b>\$56.00</b>
<input checked="" type="checkbox"/> Verification of conditions (Non-refundable if application is cancelled or refused).	+	<b>\$86.00</b>
<b>Total amount to pay:</b>		<b>\$142.00</b>

**METHODS OF PAYMENT**

**Select a method of payment for this transaction:**




**Cash** (in person only, cash will not be accepted by mail)

**Debit card** (in person only, *Interac* e-Transfer are not accepted)

**Cheque payable to the Bureau de la sécurité privée** (insufficient funds: fees of \$35) (no post-dated cheques accepted)

**Bank or postal money order payable to the Bureau de la sécurité privée**

**Credit card:**

<input type="checkbox"/>		MasterCard	Card number	Exp (MM/YY)
<input type="checkbox"/>		Visa		
<input type="checkbox"/>		American Express		N° CVV2*

\* N° CVV2: Security number of 3 or 4 digits on the back of your credit card.

Card holder surname	Card holder first name
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**AUTHORIZATION** – I authorize the Bureau de la sécurité privée to debit my credit card with the required amount for the processing of this application.

	Date	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Y Y Y Y</td> <td style="text-align: center;">M M</td> <td style="text-align: center;">D D</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 25px;"></td> <td style="border-bottom: 1px solid black; width: 25px;"></td> <td style="border-bottom: 1px solid black; width: 25px;"></td> </tr> </table>	Y Y Y Y	M M	D D			
Y Y Y Y	M M	D D						
Phone number								

## APPENDIX 1 EMPLOYER DECLARATION

**Notice** - This declaration must be completed, signed and dated by the immediate or hierarchical superior of the applicant for an immediate superior agent licence (without right to practice).

You must complete this section even if you have no immediate or hierarchical superior. In this case, exceptionally, you must complete this section yourself, and attached a detailed job description of the position you occupy.

### SECTION I: EMPLOYER IDENTIFICATION

Legal entity name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No. (if applicable)

Civic No.

Street

Apt.

City

Province

Postal code

### SECTION II: SIGNATORY IDENTIFICATION

Signatory surname

Signatory first name

Phone number (Day)

Ext.

Cell phone or other phone number

Ext.

Professional E-mail address

Title and Professional relation to applicant:

### SECTION III: IDENTIFICATION OF THE APPLICANT FOR AN IMMEDIATE SUPERIOR AGENT LICENCE (WITHOUT RIGHT TO PRACTICE)

Surname

First name

### SECTION IV: SIGNATORY DECLARATION

I declare that the information contained in this Appendix 1 is accurate and complete.

I declare that I am a signatory duly authorized by the employer identified in Section I.

I certify that the person identified in Section III does not engage in any private security activity within the meaning of section 16 of the *Private Security Act*, although he or she is an immediate superior of private security agent(s).

I understand that in the event that this person would be required to engage in private security activities, he or she must first apply for the conversion of his or her licence, meet the criteria, and be issued an agent licence in the appropriate class, under penal sanctions both for that person and for his or her employer.

In witness whereof, I have signed:

\_\_\_\_\_  
Signature of the person identified in Section II

Date

Y Y Y Y    M M    D D  
 [ ] [ ] [ ] [ ]    [ ] [ ]    [ ] [ ]