

CONVERSION OF IMMEDIATE SUPERIOR AGENT LICENCE (WITHOUT RIGHT TO PRACTICE)

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.

IMPORTANT INFORMATION

This form is for holders of a **valid immediate superior agent licence (without right to practice)**. Failing to file a conversion application before the expiry of such licence, the applicant that wish to obtain a regular agent licence in the relevant class(es), without restrictions of practice, shall file a new agent licence application in the appropriate class.

This application must include **all** of the following documents:

- Documents** certifying that you meet all **training and/or equivalence** requirements for the class(es) you applied for (for example: diplomas, transcripts, proof from your current and former employer(s) describing the main duties performed as well as the years of continuous service and the number of hours worked annually).
- Security guarding application:** a legible copy of your valid workplace first aid card (CNESST training – 16 h).
- Payment** of fees (see Section H for methods of payment).

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: LICENCE CLASS(ES) APPLIED FOR IN THIS CONVERSION APPLICATION

I am applying for the conversion of my immediate superior agent licence without right to practice, which class and number appear below, into a regular agent licence of the following category: (Check all boxes that apply).

- | | | |
|--|---|---|
| <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 |

*Please note that the Electronic security systems agent licence includes automatically the subcategories of installing, repairing and maintaining; continuous remote monitoring; and technical consulting.

SECTION C: TRAINING (Check the box that applies to the class of licence for which the application is filed).

SECURITY GUARDING

I successfully completed the training required as per the Regulation on Training, namely the Private Security Guarding program (minimum of 70 hours) from a school board – **Enclose your certificate of achievement and a legible copy of your valid workplace first aid card (CNESST training – 16 h).**

I have not taken the training required as per the Regulation on Training, but wish to have my level of knowledge and skills evaluated by the BSP – **See Section D.**

INVESTIGATION

I successfully completed the training required as per the Regulation on Training, namely the "Initiation aux techniques d'enquête et d'investigation" course (135 hours) from a college level institution – **Enclose your certificate of achievement.**

I hold a diploma of college studies in Police Technology, obtained within the past five (5) years – **Enclose a copy of the diploma and official transcript issued by your institution.**

I hold a bachelor degree in Security and Police Studies, obtained within the past five (5) years – **Enclose a copy of the diploma and official transcript issued by your institution.**

I have not taken the training required as per the Regulation on Training, or I completed it more than five (5) years ago, but I wish to have my level of knowledge and skills evaluated by the BSP – **See Section D.**

LOCKSMITH WORK

I successfully completed the training required as per the Regulation on Training, namely the diploma of vocational studies in locksmithing – **Enclose a copy of the diploma or official transcript issued by your institution.**

I have not taken the training required as per the Regulation on Training, but wish to have my level of knowledge and skills evaluated by the BSP – **See Section D.**

TRANSPORT OF VALUABLES

I successfully completed the training required as per the Regulation on Training, namely the "Handling of firearms and the use of force" training provided by the École nationale de police du Québec (ENPQ) or one of its accredited instructor – **Enclose your certificate of achievement.**

I hold a valid authorization to carry firearms (ATC) – **Enclose a legible copy of your authorization to carry firearms.**

SECURITY CONSULTING

Enclose **any relevant proof** of training courses or professional experiences, certified by third parties, showing your competencies and skills in the provision of consulting services on methods of protection against theft, intrusion or vandalism, particularly by developing plans or specifications, or presenting private security projects.

SECTION D: EQUIVALENCE OF KNOWLEDGE AND SKILLS

In order for the BSP to be able to evaluate your level of knowledge and skills, please enclose **certifications from current and former employers**, confirming the positions held and including a detailed description of your duties, as well as the number of years of experience and number of hours worked annually, or a record of the hours worked issued by the Parity Committee for Security Guards. Furthermore, you may provide certificates of achievement for training courses or internships in relevant or related fields, showing the nature and content of the courses taken as well as the grades received (transcript in support). **For security guarding:** enclose a legible copy of your **valid workplace first aid card (CNESST training – 16 h).**

RELEVANT OR RELATED TRAINING (Enclose diplomas and official transcripts, etc.). **Not applicable**

Name of the institution

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Name of the training program

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Date of diploma (YYYYMMDD)	Number of hours of training: _____ hours	Type of diploma (AEC, DEP, etc.)

RELEVANT EXPERIENCE (Enclose job certifications, or a record from the Parity Committee). **Not applicable**

Number of years of experience in the field of private security: _____

SECTION E: 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 F: 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 G: 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 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.**

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 corroborate with my current and former employers as well as with the Parity Committee for security guards, any information related to my work experience that I provided in support of my licence application, and I authorize the Bureau to obtain any additional information or documents from such parties, as required.

I solemnly declare that I am the applicant for this conversion 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 : Y Y Y Y M M D D
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