

CHANGE OF EMPLOYER

(IMMEDIATE SUPERIOR WITHOUT RIGHT TO PRACTICE)

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 email at dossierbsp@bspquebec.ca

SECTION A: IMMEDIATE SUPERIOR AGENT LICENCE HOLDER IDENTIFICATION

Surname				First name			
Date of birth (YYYYMMDD)		BSP File number 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: EMPLOYER

Add* Remove

If it is a private security agency, indicate the agency's BSP licence number.

*To add a new employer, you must provide Appendix 1 duly completed and signed by your new employer.

Employer name							
Address (Civic No. and street)							Suite
City				Province		Postal code	
Phone number		Ext.		Agency Licence No. (if applicable)			

SECTION C: 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 D: DECLARATION

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

I undertake to inform the *Bureau de la sécurité privée* of any change of employer within 30 days, failing which I understand that I may be subject to penal sanction under the *Private Security Act*.

I also understand that, pursuant to the Act, the name of my employer is public information that appears in the Register of Licence Holders.

In witness whereof, I have signed:

Signature

Date Y Y Y Y M M D D

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APPENDIX 1 EMPLOYER'S DECLARATION

Holder of an immediate superior agent licence (without right to practice)

Notice - This declaration must be completed, signed and dated by the immediate or hierarchical superior of the holder or the applicant of 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'S IDENTIFICATION

Legal entity's 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'S IDENTIFICATION

Signatory's surname

Signatory's 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 IMMEDIATE SUPERIOR APPLYING FOR A LICENCE WITHOUT RIGHT TO PRACTICE

Surname

First name

BSP File No. or Licence No.

SECTION IV: SIGNATORY'S DECLARATION

I declare that the information contained in this form 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* for the employer identified in Section I, 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 without restriction of practice, 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
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