

## ADDITION OF IMMEDIATE SUPERIOR AGENT LICENCE (WITHOUT RIGHT TO PRACTICE)

**Send your application, all required documents (see below) and full 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

**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 E) and sign within the inner limits of the signature box. This signature will appear on your licence.
- ✓ The information written must be neat, legible and in block letters.

### DOCUMENT CHECKLIST

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

- Original and complete Addition of Immediate Superior Agent Licence (without right to practice) form, duly filled out, dated and signed.
- Payment of fees (see Section F for methods of payment).
- Appendix 1 – Employer Declaration, duly filled out, dated and signed by your immediate or hierarchical superior.**

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

## FORM – ADDITION OF IMMEDIATE SUPERIOR AGENT LICENCE \*

SECTION A: APPLICANT IDENTIFICATION			
Surname		First name	
Date of birth (AAAAMMJJ)	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: CURRENT EMPLOYMENT (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)

SECTION C: ARE YOU IN THE EMPLOY OF A POLICE FORCE? <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.	

SECTION D: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION
<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>

\*Without right to practice.

**SECTION E: 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 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 immediate superior 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 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:

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

Void if signature touches border

Signature



**Date**

Y	Y	Y	Y	M	M	D	D

**SECTION F: PAYMENT SHEET**

Applicant surname	Applicant first name

**Is this agent licence application accompanied by an agency licence application?**

No

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

**DROITS PAYABLES**

<input type="checkbox"/> Immediate Superior Agent Licence (without right to practice)	From <u>Jan 1<sup>st</sup>, 2019</u>	<b>56,00 \$</b>
<b>Total amount to pay:</b>		<b><u>56,00 \$</u></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 and *Interac* e-Transfer are not accepted)
- Cheque payable to the Bureau de la sécurité privée** (insufficient funds: fees of \$35) (post-dated cheques not accepted)
- Bank or postal money order payable to the Bureau de la sécurité privée**
- Credit card:**

<input type="checkbox"/> <b>MasterCard</b>	Card number	Exp (MM/YY)
<input type="checkbox"/> <b>Visa</b>		
<input type="checkbox"/> <b>American Express</b>		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

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

<p>_____</p> <p style="text-align: center;">Card holder signature</p>	<p style="text-align: center;">Date</p> <table style="margin-left: auto; margin-right: 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										
<p style="text-align: center;">Phone number</p> <p style="text-align: center;"> _ _ _  -  _ _ _  -  _ _ _ _ </p>																	

**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