

CANCELLATION OF LICENCE APPLICATION (AGENT)

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 dossier@bspquebec.ca

SECTION A: APPLICANT IDENTIFICATION

Surname				First name			
Date of birth (YYYYMMDD)		BSP File No. or Agent Licence No.					
Your mother's 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: REQUEST FOR CANCELLATION OF APPLICATION

I hereby request of the Bureau de la sécurité privée to cancel my licence application for the following class(es):

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

Reasons for cancellation:

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SECTION C: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION

Personal information is collected for 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

As stipulated in Section 12 of the *Regulation under the Private Security Act*, I understand that only the fees of the licence will be refunded, and that the fees required to carry out the verification of conditions are non-refundable.

I also understand that pursuant to Section 16 of the *Private Security Act*, any person engaging in a private security activity must hold an agent licence for the class corresponding to that activity, under penalty of penal sanctions as provided for by Act.

I declare that all the information provided herein is accurate and complete.

In witness whereof, I have signed:

Signature

Date Y Y Y Y M M D D

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