

CHANGE OF EMPLOYER (AGENT)

(Add the Appendix 1, on the following page, as needed).

<p>Please send the completed form in block letters to this address:</p> <p style="margin-left: 40px;">Bureau de la sécurité privée 6363 West Trans-Canada Highway, Suite 206 Saint-Laurent, Québec H4T 1Z9</p> <p>Or by fax at 514 748-0002 or by email at dossier@bspquebec.ca</p>

SECTION A: AGENT 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.

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, as well as the information in Appendix 1, if applicable, 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

APPENDIX 1 – OTHER EMPLOYERS

OTHER EMPLOYER				<input type="checkbox"/> Add	<input type="checkbox"/> Remove	If it is a private security agency, indicate the agency's BSP licence number.			
Employer's name									
Address (Civic No. and street)								Suite	
City					Province			Postal code	
Phone number			Ext.		Agency Licence No. (if applicable)				

OTHER EMPLOYER				<input type="checkbox"/> Add	<input type="checkbox"/> Remove	If it is a private security agency, indicate the agency's BSP licence number.			
Employer's name									
Address (Civic No. and street)								Suite	
City					Province			Postal code	
Phone number			Ext.		Agency Licence No. (if applicable)				

OTHER EMPLOYER				<input type="checkbox"/> Add	<input type="checkbox"/> Remove	If it is a private security agency, indicate the agency's BSP licence number.			
Employer's name									
Address (Civic No. and street)								Suite	
City					Province			Postal code	
Phone number			Ext.		Agency Licence No. (if applicable)				

OTHER EMPLOYER				<input type="checkbox"/> Add	<input type="checkbox"/> Remove	If it is a private security agency, indicate the agency's BSP licence number.			
Employer's name									
Address (Civic No. and street)								Suite	
City					Province			Postal code	
Phone number			Ext.		Agency Licence No. (if applicable)				

OTHER EMPLOYER				<input type="checkbox"/> Add	<input type="checkbox"/> Remove	If it is a private security agency, indicate the agency's BSP licence number.			
Employer's name									
Address (Civic No. and street)								Suite	
City					Province			Postal code	
Phone number			Ext.		Agency Licence No. (if applicable)				