

## CHANGE OF RESIDENTIAL ADDRESS (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](mailto:dossier@bspquebec.ca)

### SECTION A: AGENT IDENTIFICATION

Surname	First name
Date of birth (YYYYMMDD)	BSP File No. or Agent Licence No.

### SECTION B: PREVIOUS RESIDENTIAL ADDRESS

Civic number	Street	Apt.
City	Province	Postal code
Home phone number	Cell phone or other phone number	
E-mail address		

### SECTION C: NEW RESIDENTIAL ADDRESS

This address will be effective as of:	Date: YYYY / MM / DD	
Civic number	Street	Apt.
City	Province	Postal code
Home phone number	Cell phone or other phone number	
E-mail address		

### SECTION D: 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 E: DECLARATION

I declare that all the information provided in this form 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