

AGENT LICENCE REPLACEMENT APPLICATION

For lost or stolen licences

Please **send** the completed form in block letters and the required payment **by mail or in person** at this address:

Bureau de la sécurité privée
1611 Crémazie Blvd. East, Suite 500
Montréal, Québec H2M 2P2

Do not send the form by fax or email. It would be considered ineligible and would not be processed.

SECTION A: AGENT IDENTIFICATION

Surname				First name			
Date of birth (YYYYMMDD)				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: LICENCE(S) TO REPLACE (Check the class(es) for which the agent licence replacement application is filed).

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Security guarding | <input type="checkbox"/> Investigation | <input type="checkbox"/> Electronic security systems |
| <input type="checkbox"/> Locksmith work | <input type="checkbox"/> Transport of valuables | <input type="checkbox"/> Security consulting |

I certified that this (these) licence(s) was (were): Lost Stolen

I have enclosed the required payment as stipulated in Section D.

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 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

| | | | | | | |

SECTION E: PAYMENT SHEET

Applicant surname

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Applicant first name

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PAYABLE FEES

Indicate the quantity of licences to replace on the line on the right and multiply this number by the unit price to obtain the total amount to pay.

Licence replacement cost: \$25 + \$1.25 GST + \$2.49 QST = **28.74 \$ (unit price)** X Qty _____

GST number: 817788656

QST number: 1216343481

Total amount to pay: _____ \$

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, *Interac* e-Transfer are not accepted)
- Cheque payable to the Bureau de la sécurité privée** (insufficient funds: fees of \$35) (no post-dated cheques accepted)
- Bank or postal money order payable to the Bureau de la sécurité privée**
- Credit card:**



MasterCard

Card number

Exp (MM/YY)

<input type="checkbox"/>																				
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Visa



American Express

N° CVV2*

* N° CVV2: Security number of 3 or 4 digits on the back of your credit card.

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Card holder's surname

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Card holder's first name

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

Card holder signature

Date

Y Y Y Y M M D D

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Phone number

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