

REQUEST FOR THE REVOCATION OF A LICENCE (AGENT)

Please **send** the completed form in block letters **to this address:**

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

Or by fax at 514 748-0002 or by email at dossierbsp@bspquebec.ca

You must **surrender your licence** to the Bureau within 15 days of its revocation. If you have already ceased to practice, we invite you to send it along with this revocation form.

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: REQUEST FOR REVOCATION OF A LICENCE

I hereby request of the Bureau de la sécurité privée to revoke my agent licence of 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 the request for revocation:

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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 understand that no fees can be refunded with regards to the licence for which this request for revocation applies to.

I also understand that pursuant to Section 16 of the *Private Security Act*, I shall be strictly prohibited from engaging in the private security activity corresponding to that licence, as of the date of its revocation, under penalty of penal sanctions as provided for by the Act.

I declare that all information provided in this form is accurate and complete.

In witness whereof, I have signed:

Signature

Date Y Y Y Y M M D D

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