

## CHANGE OF RESIDENTIAL ADDRESS (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 [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