

TEMPORARY LICENCE RENEWAL

Please **send** the completed form in block letters and the required payment **by mail or in person** to 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.

IMPORTANT

This form is intended for holders of a **valid temporary agent licence** who needs to renew its licence for the same purpose for which it was originally issued.

The temporary licence must be valid at the time of the renewal application. Should the applicant fail to file the renewal application before the expiry of the temporary licence, a new agent licence application shall be filed, accompanied with all corresponding documents and fees.

For temporary agent licence holders in the investigation class: If you benefit from an exemption from publication in the Register of Licence Holders and you want your information to remain confidential when renewing your temporary licence, you must make a request for it to the Bureau, using the form 194.011 - Application for an Exemption of Publication on the Register of Licence Holders.

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: RENEWAL APPLICATION

Temporary licence No.										Class of temporary licence														
<p>I am applying for the renewal of my temporary agent licence, which class and number appear above, for the following period*:</p> <p>From: _____ to _____.</p> <p>* The renewal term of the temporary licence cannot exceed 120 days.</p> <p>The following are enclosed with my application:</p> <p><input type="checkbox"/> The declaration from my employer indicating:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The name and agent licence number of my supervisor; <input checked="" type="checkbox"/> The purpose for which my temporary services continue to be required; <input checked="" type="checkbox"/> The additional period for which my temporary services are required for the same purpose. <p><input type="checkbox"/> Payable fees as indicated under Section F.</p>																								

SECTION C: CURRENT JOB IN PRIVATE SECURITY (Add an appendix if necessary).			<input type="checkbox"/> Not applicable
Employer name			
Address (Civic No. and street)			Suite
City		Province	Postal code
Phone number		Ext.	
Job title			Since (YYYYMMDD)

SECTION D: ACCES 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

NOTICE – Any false or misleading declaration with respect to this form or any supporting document to this application, including the non divulgence of any material fact, may result in a refusal to issue or to renew, or the suspension or the revocation of an agent licence.

I declare that I have read and understood the above-stated **NOTICE**.

I declare that I am aware of the responsibilities and obligations incumbent upon me pursuant to the *Private Security Act* and its regulation.

I understand that this licence is renewed solely for the same purpose for which it was originally obtained and **I undertake to notify the Bureau de la sécurité privée immediately if I cease to perform the specific tasks** for which my temporary licence is renewed before it expires.

I authorize the Bureau de la sécurité privée to corroborate with my employer any information related to the declaration that I provided in support of my temporary licence application, and I authorize the Bureau to obtain any additional information or documents regarding the circumstances that require my temporary services, if needed.

I understand that fees required as per regulation shall be paid annually if I renew a temporary licence for a period exceeding one (1) year and I understand that the renewal of my licence could be refused should I fail to pay those fees.

Furthermore, I undertake to immediately inform the Bureau de la sécurité privée of any change relative to my address or employer.

I solemnly declare that I am the applicant for this application. I declare that all the information provided herein 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 F: PAYMENT SHEET

Applicant surname	Applicant first name

PAYABLE FEES

Payable fees for the renewal of the licence: \$35




Important notice – In addition to this \$35 fee, the payment of annual fee shall be paid if the renewal of your temporary licence has the effect of extending its validity for more than one (1) year of its issuance or of the last payment of such annual fee. If applicable to this renewal, we will contact you.

This fee, annually adjusted, is in the amount of \$85.00 until December 31st, 2020.

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 and *Interac* e-Transfer are not accepted)
- Cheque payable to the Bureau de la sécurité privée** (insufficient funds: fees of \$35) (post-dated cheques not accepted)
- Bank or postal money order payable to the Bureau de la sécurité privée**
- Credit card:**

<input type="checkbox"/>		MasterCard	Card No.	Exp (MM/YY)
<input type="checkbox"/>		Visa		
<input type="checkbox"/>		American Express		N° CVV2*
			* N° CVV2: Security number of 3 or 4 digits on the back of your credit card.	

Card holder surname	Card holder first name

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

	Y	Y	Y	Y	M	M	D	D
Card holder signature								
Phone number								