

ADDITION OF TEMPORARY AGENT LICENCE

(Except for event security: see form 194.024.)

Send your application, all required documents (see following page) and full 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.

Notice: Not filling out all sections of this form or not sending all required documents or payment could lead to the inadmissibility of your application and return of your documents, and / or significantly delay the processing of your application.

BEFORE PROCEEDING

Please read the following instructions carefully:

- ✓ The form must be filled out and signed by the applicant.
- ✓ The applicant must be at least 18 years of age.
- ✓ You must fill out and send all pages of the form, including the payment sheet.
- ✓ You must read the declaration (Section F) and sign within the inner limits of the signature box. This signature will appear on your licence.
- ✓ The information written must be neat, legible and in block letters.

DOCUMENT CHECKLIST

The application must include all of the following documents:

- Original and complete addition of temporary licence (agent) application form, duly filled out, dated and signed.
- Payment of fees (see Section G for methods of payment).
- Document supporting your temporary licence application as described in Section E**, according to the purpose for which the temporary licence application is filed.

IMPORTANT: PLEASE DO NOT SEND ORIGINAL DOCUMENTS, EXCEPT THE APPLICATION FORM

FORM – ADDITION OF TEMPORARY AGENT LICENCE

| SECTION A: APPLICANT 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: TEMPORARY AGENT LICENCE |
|---|
| Class for which the application is filed: <input type="checkbox"/> Security guarding <input type="checkbox"/> Investigation <input type="checkbox"/> Locksmith work <input type="checkbox"/> Transport of valuables |
| Period covered: from _____ to _____.* |
| * The term of the temporary licence cannot exceed 120 days. |

| 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 | Postal code |
| Phone number | Ext. |
| Job title | Since (YYYY/MM/DD) |

| SECTION D: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION |
|--|
| Personal information is collected for the purpose of the application of the <i>Private Security Act</i> 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 <i>Act respecting Access to documents held by public bodies and Protection of personal Information</i> , or with the consent of the person to whom the information relates. |

SECTION E: PURPOSE FOR WHICH THE TEMPORARY LICENCE APPLICATION IS FILED (Fill out the subsection that applies).

FOR TRAINING PURPOSES (Towards qualification for the issuance of an agent licence, including internships).

Name of the institution

Name of the organisation where the internship will be done Organisation phone number

Address of the organisation where the internship will be done (Civic No., street, apt., city, postal code, province)

ENCLOSE: You must enclose a confirmation that you are registered in a training program which may qualify you to obtain a regular agent licence, and a confirmation of your internship as a part of your training program, including the dates of the training and internship, as well as the name and agent licence number of your supervisor.

FOR THE SPECIAL NEEDS OF AN INVESTIGATION (In particular to act as an undercover agent or double agent).

Nature of the investigation

Employer name

Address (Civic No. and street) Suite

City Province Postal code

Phone number Ext.

ENCLOSE: You must enclose a declaration from your employer indicating:

- ✓ the name and investigation agent licence number of your supervisor;
- ✓ the reason why this employer needs your services specifically;
- ✓ the period for which your temporary services are required.

TEMPORARY LABOUR ON THE OCCASION OF A SPECIAL EVENT (i.e. an exceptional or unusual event, such as a labour dispute, a disaster or a pandemic).

Nature of the special event

Employer name

Address (Civic No. and street) Suite

City Province Postal code

Phone number Ext.

ENCLOSE: You must enclose a declaration from your employer indicating:

- ✓ the name and agent licence number of your supervisor (which is in the same class that the temporary licence you are applying for);
- ✓ the name or description of the special event for which your temporary services are required;
- ✓ the date and place where such event will take place.

SECTION F: DECLARATION

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

I declare that I have read and understand 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 issued solely for the purpose specified in Section E and **I undertake to notify the Bureau de la sécurité privée immediately if I cease to perform the specific activity** for which I was issued a temporary licence before it expires.

I understand that I shall pay annual fees if I renew a temporary licence for a period exceeding one (1) year.

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

I authorize the Bureau de la sécurité privée to corroborate with my employer or my training institution, if applicable, any information related to the documents I provided in support of my temporary licence application, and I authorize the Bureau to obtain any additional information or documents from such persons, if needed.

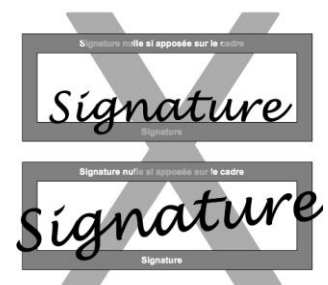
I solemnly declare that I am the applicant for this agent licence application. I declare that all the information provided herein is accurate and complete and that any change modifying that information will **immediately** be communicated to the Bureau de la sécurité privée.

In witness whereof, I have signed:

SIGN WITHIN THE BORDERS OF THE SIGNATURE BOX

Void if signature touches border

ORIGINAL SIGNATURE REQUIRED



Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

SECTION G: PAYMENT SHEET

| | |
|-------------------|----------------------|
| Applicant surname | Applicant first name |
| | |

PAYABLE FEES




Check the class for which the application is filed and write the total amount next to "Total amount to pay".

| | | | | |
|---|---------------------------------|---|-----------|--|
| | From | | | |
| | Jan 1st, 2020 | | | |
| <input type="checkbox"/> Security guarding | \$57.00 | | \$ | |
| <input type="checkbox"/> Investigation | \$57.00 | + | \$ | |
| <input type="checkbox"/> Locksmith work | \$57.00 | + | \$ | |
| <input type="checkbox"/> Transport of valuables | \$57.00 | + | \$ | |
| 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) (post-dated cheques not accepted)
- Bank or postal money order payable to the Bureau de la sécurité privée**
- Credit card:**

| | | |
|--|--------------------|--------------------|
| | Card number | Exp (MM/YY) |
| <input type="checkbox"/>  MasterCard | | |
| <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 | Date | | | |
| Phone number | | | | |
| | | | | |