

# EMPLOYER'S DECLARATION

## Holder of an immediate superior agent licence (without right to practice)

**Notice** - This declaration must be completed, signed and dated by the immediate or hierarchical superior of the holder or the applicant of an immediate superior agent licence (without right to practice).

You must complete this section even if you have no immediate or hierarchical superior. In this case, exceptionally, you must complete this section yourself, and attached a detailed job description of the position you occupy.

### SECTION I: EMPLOYER'S IDENTIFICATION

Legal entity's name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No. (if applicable)

Civic No.

Street

Apt.

City

Province

Postal code

### SECTION II: SIGNATORY'S IDENTIFICATION

Signatory's surname

Signatory's first name

Phone number (Day)

Ext.

Cell phone or other phone number

Ext.

Professional E-mail address

Title and Professional relation to applicant:

### SECTION III: IDENTIFICATION OF IMMEDIATE SUPERIOR APPLYING FOR A LICENCE WITHOUT RIGHT TO PRACTICE

Surname

First name

BSP File No. or Licence No.

### SECTION IV: SIGNATORY'S DECLARATION

I declare that the information contained in this form is accurate and complete.

I declare that I am a signatory duly authorized by the employer identified in Section I.

I certify that the person identified in Section III does not engage in any private security activity within the meaning of section 16 of the *Private Security Act* for the employer identified in Section I, although he or she is an immediate superior of private security agent(s).

I understand that in the event that this person would be required to engage in private security activities, he or she must first apply for the conversion of his or her licence, meet the criteria, and be issued an agent licence without restriction of practice, under penal sanctions both for that person and for his or her employer.

In witness whereof, I have signed:

\_\_\_\_\_  
Signature of the person identified in Section II

Date

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