

CHANGE OF EMPLOYER

(IMMEDIATE SUPERIOR WITHOUT RIGHT TO PRACTICE)

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

SECTION A: IMMEDIATE SUPERIOR AGENT LICENCE HOLDER IDENTIFICATION

Surname				First name			
Date of birth (YYYYMMDD)		BSP File number 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: EMPLOYER

Add* Remove

If it is a private security agency, indicate the agency's BSP licence number.

***To add a new employer, you must provide Appendix 1 duly completed and signed by your new employer.**

Employer name							
Address (Civic No. and street)							Suite
City				Province		Postal code	
Phone number		Ext.	Agency Licence No. (if applicable)				

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

I undertake to inform the *Bureau de la sécurité privée* of any change of employer within 30 days, failing which I understand that I may be subject to penal sanction under the *Private Security Act*.

I also understand that, pursuant to the Act, the name of my employer is public information that appears in the Register of Licence Holders.

In witness whereof, I have signed:

Signature

Date Y Y Y Y M M D D