

AGENT LICENCE APPLICATION

Submit your application:

- **Online** via the special section **COVID-19** on **bspquebec.ca**.
- **By mail** to the following address:
1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

**Only applications sent electronically or by mail will be processed;
NO APPLICATIONS SHALL BE RECEIVED IN PERSON.**

Thank you for your understanding.

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, and must have Canadian citizenship, permanent resident status or a work permit in Canada.
- You must fill out and send **all pages** of the form, including the payment sheet.
- You must read the declaration (Section L) and sign within the inner limits of the signature box. This signature will appear on your licence.
- A respondent must authenticate your photos, and fill out and sign Section M.
- The information written must be neat, legible and in block letters.

Please allow a **minimum of 4 weeks** to process your application.

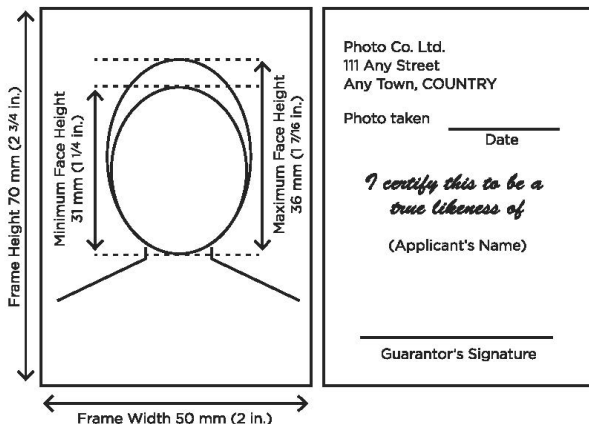
DOCUMENT CHECKLIST

The licence application must include **all** of the following documents:

- Original** and **complete** temporary agent licence application form, duly **filled out**, **dated** and **signed**.
- Payment of fees, **which are non-reimbursable** (see Section N for methods of payment).
- A copy of both sides of two (2) different valid pieces of identification from the lists below to meet the following conditions:**

CONDITIONS	ADMISSIBLE DOCUMENTS
<p>Condition 1: Piece of identification issued by the Government of Canada or a provincial or territorial government or, failing that, by a foreign government*, containing at the least your name, date of birth, photo and signature.</p>	<p>A copy of both sides of your valid driver licence in Canada (preferred, if you hold one)</p> <p>Or, if not, choose a document from List 1 below:</p> <ul style="list-style-type: none"> • valid health insurance card; • valid passport; • certificate of Indian status; • any other valid piece of identification issued by a Canadian or foreign government including your name, photo, signature and date of birth*. <p>* Any piece of identification must be in French or English, otherwise you must also provide us with a translation into one of these official languages made by a member of the Ordre des traducteurs, terminologues et interprètes agréés du Québec.</p>
<p>Condition 2: Document evidencing that you have Canadian citizenship, permanent resident status or a work permit issued by the competent Canadian immigration authorities.</p>	<p>Choose a document from List 2 below (must be different from the one chosen from List 1):</p> <ul style="list-style-type: none"> • birth certificate from a Canadian province or territory; • valid Canadian passport; • Canadian citizenship certificate; • Canadian citizenship card (card with photo); • permanent resident card or Confirmation of Permanent Residence; • valid work permit in Canada.

- Two (2) identical colour photos in a passport format (5 cm x 7 cm)** taken during the six (6) month period preceding the application. The photos must be taken facing front, against a white background, and show the applicant from the shoulders up. The applicant must be bare-headed. The photos must be dated on the back with a dater. **One of the photos must be authenticated by your respondent**, who must meet the criteria of Section M. Example*:



NOTE

Note: A hat or head covering may not be worn unless it is worn daily for religious or medical reasons.

However, your entire face must clearly appear and head covering should not create shading on the face.

*Does not correspond to actual size - Please refer to the indicated measures.

- Documents** certifying that you meet all **training and/or equivalence** requirements, if applicable (for example: diplomas, transcripts, proof from your current and former employer(s) describing the main duties performed as well as the years of continuous service and the number of hours worked annually).
- Security guarding application:** a legible copy of your valid workplace first aid card (CNESST training - 16 h).

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

FORM - AGENT LICENCE APPLICATION

SECTION A: APPLICANT IDENTIFICATION

Surname				First name			
Do you use another name and/or surname? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:							
Other surname				Other first name			
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth Y Y Y Y M M D D		SAAQ Driver licence		<input type="checkbox"/> I do not have one.		
Your mother surname at birth							
Language of correspondence: <input type="checkbox"/> French <input type="checkbox"/> English				Means of communication: <input type="checkbox"/> Regular mail <input type="checkbox"/> E-mail			

SECTION B: APPLICANT HOME ADDRESS

Civic No.		Street				Apt.	
City				Province		Postal code	
Home phone number			Cell phone or other phone number				
E-mail address							

SECTION C: CANADIAN CITIZENSHIP, PERMANENT RESIDENCE OR WORK PERMIT

Please check the statement that applies to you:

- I am a Canadian citizen.
- I am a permanent resident.
- I have a work permit in Canada, valid until (enter the expiry date here) : _____ .

SECTION D: LICENCE(S) FOR WHICH THE APPLICATION IS FILED

Classes for which this application is filed: (Check all boxes that apply).

- Security guarding Locksmith work Transport of valuables
- Investigation Electronic security systems* Security consulting

*Please note that the Electronic security systems agent licence includes automatically the subcategories of installing, repairing and maintaining; continuous remote monitoring; and technical consulting.

SECTION E: DECLARATION RELATIVE TO JUDICIAL OR DISCIPLINARY HISTORY

Unless you have obtained a pardon, have you ever been found guilty, at any place, of a criminal or a penal offence, or a disciplinary offence under the *Private Security Act*?

- No Yes, specify: _____

Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the *Private Security Act*?

- No Yes, specify: _____

SECTION F: TRAINING (Check the boxes that apply to the class(es) of licence for which the application is filed).

SECURITY GUARDING

- I successfully completed the training required as per the Regulation on Training, namely the Private Security Guarding program (minimum of 70 hours) from a school board – **Enclose your certificate of achievement and a legible copy of your valid workplace first aid card (CNESST training – 16 h).**
- I have not taken the training required as per the Regulation on Training, but wish to have my level of knowledge and skills evaluated by the BSP – **See Section G.**

INVESTIGATION

- I successfully completed the training required as per the Regulation on Training, namely the “Initiation aux techniques d’enquête et d’investigation” course (135 hours) from a college level institution – **Enclose your certificate of achievement.**
- I hold a diploma of college studies in Police Technology, obtained within the past five (5) years – **Enclose a copy of the diploma and official transcript issued by your institution.**
- I hold a bachelor degree in Security and Police Studies, obtained within the past five (5) years – **Enclose a copy of the diploma and official transcript issued by your institution.**
- I have not taken the training required as per the Regulation on Training, or I completed it more than five (5) years ago, but I wish to have my level of knowledge and skills evaluated by the BSP – **See Section G.**

LOCKSMITH WORK

- I successfully completed the training required as per the Regulation on Training, namely the diploma of vocational studies in locksmithing – **Enclose a copy of the diploma and official transcript issued by your institution.**
- I have not taken the training required as per the Regulation on Training, but wish to have my level of knowledge and skills evaluated by the BSP – **See Section G.**

TRANSPORT OF VALUABLES

- I successfully completed the training required as per the Regulation on Training, namely the “Handling of firearms and the use of force” training provided by the École nationale de police du Québec (ENPQ) or one of its accredited instructor – **Enclose your certificate of achievement.**
- I hold a valid authorization to carry firearms (ATC) – **Enclose a legible copy of your authorization to carry firearms.**

SECURITY CONSULTING

- Enclose **any relevant proof** of training courses or professional experiences, certified by third parties, showing your competencies and skills in the provision of consulting services on methods of protection against theft, intrusion or vandalism, particularly by developing plans or specifications, or presenting private security projects.

SECTION G: EQUIVALENCE OF KNOWLEDGE AND SKILLS

In order for the BSP to be able to evaluate your level of knowledge and skills, please enclose **certifications from current and former employers**, confirming the positions held and including a detailed description of your duties, as well as the number of years of experience and number of hours worked annually, or a record of the hours worked issued by the Parity Committee for Security Guards. Furthermore, you may provide certificates of achievement for training courses or internships in relevant or related fields, showing the nature and content of the courses taken as well as the grades received (transcript in support). **For security guarding:** enclose a legible copy of your **valid workplace first aid card (CNESST training – 16 h).**

RELEVANT OR RELATED TRAINING (Enclose diplomas and official transcripts, etc.).

Not applicable

Name of the institution

Name of the training program

Date of diploma

Number of hours of training: _____ hours

Type of diploma (AEC, DEP, etc.)

RELEVANT EXPERIENCE (Enclose job certifications, or a record from the Parity Committee).

Not applicable

Number of years of experience in the field of private security: _____

SECTION H: CURRENT JOB IN PRIVATE SECURITY Not applicable

Employer name			
Address (Civic No. and street)			Suite
City		Province	Postal code
Phone number		Ext.	
Job title			Since Y Y Y Y M M D D

OTHER CURRENT JOB IN PRIVATE SECURITY (Add an appendix if necessary) Not applicable

Employer name			
Address (Civic No. and street)			Suite
City		Province	Postal code
Phone number		Ext.	
Job title			Since Y Y Y Y M M D D

SECTION I: ARE YOU IN THE EMPLOY OF A POLICE FORCE? No Yes*, specify:

Police force			
City		Province	
Job title			Since Y Y Y Y M M D D

*This employment may be incompatible with holding an agent licence in private security. For any information on this subject, contact our Information Service.

SECTION J: REQUEST FOR CONSENT – CANADA ANTI-SPAM LEGISLATION

In compliance with Canada anti-spam legislation, we must obtain your consent in order to send you certain electronic communications of a commercial nature. Thus, to be added to our mailing list, give us your consent by checking the box below:

I consent to receive electronic communications of a commercial nature from the BSP.*

Please note that should you not consent to receive messages of a commercial nature, the BSP will continue to send you informative messages, including messages relative to the protection of the public or your obligations as a licence holder.

*You may withdraw your consent at any time by e-mail at communications@bspquebec.ca.

SECTION K: 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 L: DECLARATION

NOTICE - Any false or misleading declaration with respect to this form or any supporting document to this application, including the non divulgation 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.

Among others, I understand that fees are payable on an annual basis and that **my licence could be revoked should I fail to pay such fees.**

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

I declare that the photos enclosed hereto were taken during the last six (6) months and reflect my actual physical appearance.

I authorize the Bureau de la sécurité privée to provide the Sûreté du Québec with the information required to verify that the conditions stated in paragraphs 2 and 3 of Section 19 of the *Private Security Act* are met. Moreover, I understand that the Sûreté du Québec is authorized pursuant to the *Private Security Act* to inform the Bureau de la sécurité privée of the results of such verifications, and its follow-up, and to give its opinion as to compliance with said conditions.

I authorize the Bureau de la sécurité privée to contact my current and former employers, the Parity Committee for security guards and the training institutions or enterprises I have been, to corroborate the information I provided in support of my application for a licence regarding my work experiences and trainings, and to obtain additional information or documents from such persons, if needed.

I authorize the Bureau de la sécurité privée to contact the competent authorities to corroborate the information I provided in support of my application for a licence regarding my Canadian citizenship, my permanent resident status or my work permit, and to obtain additional information or documents from them, 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

SIGNATURE



Date | Y | Y | Y | Y | M | M | D | D |



SECTION M: RESPONDENT

The respondent (including any commissioner for oaths, notary or lawyer) must:

- Fill out subsections M.1, M.2 and M.3
- Authenticate one of the photos accompanying this application

NOTICE – The respondent must be a Canadian citizen or permanent resident and be at least 18 years of age. The respondent must have known the applicant personally for at least one (1) year and must be available for verification by the Bureau de la sécurité privée.

If you have not known anyone for at least one (1) year, the only people authorized to act as your respondent and authenticate your photo are a commissioner for oaths, a notary or a lawyer.

M.1: RESPONDENT IDENTIFICATION

Surname				First name			
Occupation				Professional number (if applicable)			
Address (Civic No. and street)						Suite/Apt.	
City			Province			Postal code	
Phone number (day)		Ext.	Cell phone or other phone number				
E-mail address							
I have known the applicant for _____ year(s)				Relation to applicant			

M.2: AUTHENTICATION OF PHOTOS

The respondent must write: **“I certify the authenticity of this photo of (name of applicant)”** on the back of one of the photos and must **sign** this same photo.

M.3: DECLARATION OF RESPONDENT

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

I declare that I have personally known for at least one (1) year the applicant named below and whose signature appears in Section L of this form and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the applicant.

Declaration of the commissioner for oaths, notary or lawyer: I declare that I have seen the applicant named below and whose signature appears in Section L of this form and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the applicant.

(write the APPLICANT NAME in block letters)

_____ Date

Y	Y	Y	Y	M	M	D	D
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Respondent signature
(Including any commissioner for oaths, notary or lawyer).



SECTION N: PAYMENT SHEET

Applicant surname	Applicant first name
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Is this agent licence application accompanied by an agency licence application?

No

Yes, name of agency: _____

PAYABLE FEES (NON-REIMBURSABLE)

Check the class for which the application is filed, including the Verification of conditions, and indicate the corresponding amounts on the line on the right. Add all amounts, and write the total amount next to "Total amount to pay".

Note that the payable fees, including licence fees and verification of conditions, **are non-reimbursables** at all times, including in case of refusal or cancellation of your application. (Art.12 of the *Regulation under the Private Security Act*)

	Pricing effective from October 21, 2020	
<input type="checkbox"/> Security guarding	\$57.00	\$ _____
<input type="checkbox"/> Investigation	\$57.00 +	\$ _____
<input type="checkbox"/> Locksmith work	\$57.00 +	\$ _____
<input type="checkbox"/> Electronic security systems	\$57.00 +	\$ _____
<input type="checkbox"/> Transport of valuables	\$57.00 +	\$ _____
<input type="checkbox"/> Security consulting	\$57.00 +	\$ _____
<input checked="" type="checkbox"/> Verification of conditions	\$92.00 +	\$92.00
Total amount to pay:		\$ _____

METHODS OF PAYMENT

Select a method of payment for this transaction:

Check payable to the Bureau de la sécurité privée (no post-dated cheques accepted)

Bank or postal money order payable to the Bureau de la sécurité privée

Payment card:

Mastercard

Mastercard Prepaid

American Express

Visa

Visa Prepaid

Visa Debit

Card number

Exp (MM/YY) N° CVV2*

*N° CVV2: Security number of 3 or 4 digits on the back of your credit card.

Card holder's surname	Card holder's first name
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AUTHORIZATION – I authorize the Bureau de la sécurité privée to debit my card with the required amount for the processing of this application.

_____ Date | Y | Y | Y | Y | M | M | D | D |

Card holder's signature

Phone number | | | | - | | | - | | | |