

## CANCELLATION OF LICENCE APPLICATION (AGENT)

### Submit your application:

- **By email** at à [dossier@bspquebec.ca](mailto:dossier@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.

### SECTION A: APPLICANT IDENTIFICATION

Surname										First name														
Date of birth Y   Y   Y   Y   M   M   D   D					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: REQUEST FOR CANCELLATION OF APPLICATION

I hereby request of the Bureau de la sécurité privée to cancel my licence application for the following class(es):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Security guarding | <input type="checkbox"/> Locksmith work              | <input type="checkbox"/> Transport of valuables |
| <input type="checkbox"/> Investigation     | <input type="checkbox"/> Electronic security systems | <input type="checkbox"/> Security consulting    |

Reasons for cancellation: \_\_\_\_\_

### SECTION C: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION

Personal information is collected for 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 understand that the analysis of my application will cease without a decision being made by the Bureau, and that, as stipulated in Section 12 of the *Regulation under the Private Security Act*, **no fees will be reimbursed** to me in relation to this application cancelled.

I also understand that pursuant to Section 16 of the *Private Security Act*, any person engaging in a private security activity must hold an agent licence for the class corresponding to that activity, under penalty of penal sanctions as provided for by the Act.

I declare that all the information provided herein is accurate and complete.

In witness whereof, I have signed: \_\_\_\_\_

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