



AGENT LICENCE REPLACEMENT APPLICATION

For lost or stolen licences

Submit your application:

- **By email** at 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.

FORM – AGENT LICENCE REPLACEMENT APPLICATION

SECTION A: AGENT 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)						App.	
City				Province		Postal code	
Home phone number - -			Cell phone or other phone number - -				
E-mail address							

SECTION B: LICENCE(S) TO REPLACE (Check the class(es) for which the agent licence replacement application is filed).

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

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

I certified that this (these) licence(s) was (were): Lost Stolen

I have enclosed the required payment as stipulated in Section E.

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 the information provided in this form 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: _____

Signature

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

SECTION E: PAYMENT SHEET

Applicant surname	Applicant first name
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PAYABLE FEES (Pricing effective from January 1st, 2020)

Indicate the quantity of licences to replace on the line on the right and multiply this number by the unit price to obtain the total amount to pay.

Licence replacement cost: \$25.00 + \$1.25 GST + \$2.49 QST = **\$28.74** (unit price) **X Qty** _____

GST number (5 %): 817788656 QST number (9,975 %): 1216343481 **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 | | | | - | | | - | | | |