



AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION CONCERNING AN AGENT

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.

Protection of your personal information

Subject to the exceptions provided for in the *Act respecting Access to documents held by public bodies and the Protection of personal information* (CQLR, c. A-2.1), the Bureau de la sécurité privée is not authorized to disclose your personal information to a third party without your consent.

If you want a person to have access to such personal information, you must authorize the Bureau to disclose it by filing this form.

SECTION A: IDENTIFICATION OF THE PERSON WHO AUTHORIZES DISCLOSURE

Surname					First name				
Date of birth			BSP File No. or Agent Licence No.						
Y	Y	Y	Y	M	M	D	D		
Your mother's surname at birth									
Address (Civic No. and street)								Apt.	
City					Province			Postal code	
Phone number (day)				Cell phone or other phone number					
-	-	-	-	-	-	-	-	-	-
E-mail address									

SECTION B: IDENTIFICATION OF THE PERSON AUTHORIZED TO RECEIVE DISCLOSURE

Surname					First name				
Date of birth									
Y	Y	Y	Y	M	M	D	D		
Address (Civic No. and street)								Apt.	
City					Province			Postal code	
Phone number (day)				Ext.		Cell phone or other phone number			
-	-	-	-	-	-	-	-	-	-
E-mail address									

SECTION C: PERSONAL INFORMATION SUBJECT TO THIS AUTHORIZATION

Check the box(es) identifying the personal information contained in your file for which you wish to authorize the disclosure to the person identified in Section B:

- My identification information such as my name and contact information (including my home address, any phone number and any email address, if applicable);
- My current and former employers in private security;
- My training and my work experiences;
- My criminal record;
- The validity status of my agent licence(s) in: _____ (category(ies))
- Other, specify: _____

SECTION D: TERM OF VALIDITY OF THE AUTHORIZATION

This authorization will be valid until _____ (no more than six (6) months from the date of signature below).

Despite such term, you can revoke this authorization at any time by giving instructions to that effect to the BSP.

SECTION E: AUTHORIZATION

I authorize the Bureau de la sécurité privée to disclose, to the person identified in Section B, the personal information specified in Section C contained in my file kept for the purposes of the *Private Security Act* and its regulations, for the period specified in Section D, subject to revocation of this authorization before that date.

I understand that this authorization does not confer the right to this person to represent me or act on my behalf.

In witness whereof, I have signed: _____

Signature

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