

CHANGE OF EMPLOYER (AGENT)

(IMMEDIATE SUPERIOR WITHOUT RIGHT TO PRACTICE)

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.

SECTION A: AGENT IDENTIFICATION

Surname										First name												
Date of birth					BSP File No. or Agent Licence No.																	
Y	Y	Y	Y	M	M	D	D															
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 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, as well as the information in Appendix 1, if applicable, 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 a public information that appears in the Register of Licence Holders.

In witness whereof, I have signed: _____ Date

Y	Y	Y	Y	M	M	D	D
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Signature