

REQUEST FOR THE REVOCATION OF A LICENCE (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.

You must surrender your licence to the Bureau within 15 days of its revocation. If you have already ceased to practice, we invite you to send it along with this revocation form.

SECTION A: AGENT IDENTIFICATION

Surname		First name	
Date of birth Y Y Y Y M M D		BSP File No. or Agent Licence No.	
Mother's maiden name			
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 revoke my agent licence of 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 the request for revocation: _____

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 no fees can be refunded with regards to the licence for which this request for revocation applies to. I also understand that pursuant to Section 16 of the *Private Security Act*, I shall be strictly prohibited from engaging in the private security activity corresponding to that licence, as of the date of its revocation, under penalty of penal sanctions as provided for by the Act. I declare that all information provided in this form is accurate and complete.

In witness whereof, I have signed: _____ Date Y | Y | Y | A | M | M | D | D