

TEMPORARY AGENT LICENCE RENWAL

Submit your application:

- **Online** via the special section **APPLY ONLINE** on **bspquebec.ca**.
- **By mail** to the following address:
1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

IMPORTANT

This form is intended for holders of a **valid temporary agent licence** who need to renew their licence for the same purpose for which it was originally issued.

The temporary licence must be valid at the time of the renewal application. Should the applicant fail to file the renewal application before the expiry of the temporary licence, a new temporary agent licence application shall be filed, accompanied with all corresponding documents and fees.

For temporary agent licence holders in the investigation class: If you benefit from an **exemption from publication** on the Register of Licence Holders and you want your information to remain confidential when renewing your temporary licence, **you must request it to the Bureau**, using the form 194.011 - Application for an Exemption of Publication on the Register of Licence Holders.

FORM - TEMPORARY AGENT LICENCE RENEWAL

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.		
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: RENEWAL APPLICATION	
Temporary licence No.	Class of temporary licence
I am applying for the renewal of my temporary agent licence, which class and number appear above, for the following period*:	
From: _____ to _____.	
* The renewal term of the temporary licence cannot exceed 120 days.	
The following are enclosed with my application:	
<input type="checkbox"/> The declaration from my employer indicating: <ul style="list-style-type: none"> • The name and agent licence number of my supervisor; • The purpose for which my temporary services continue to be required; • The additional period for which my temporary services are required for the same purpose. 	
<input type="checkbox"/> Payable fees as indicated under Section F	

SECTION C: CURRENT JOB IN PRIVATE SECURITY (Add an appendix if necessary).			<input type="checkbox"/> Not applicable
Employer name			
Address (Civic No. and street)			Apt.
City		Province	Postal code
Phone number		Ext.	
Job title			Since Y Y Y Y M M D D
*It is mandatory to declare any employer for which you carry out private security activities and to inform the Bureau within 30 days of any change or addition of employer, under penalty of fines			

SECTION D: ACCES 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 <i>Act respecting Access to documents held by public bodies and Protection of personal Information</i> , or with the consent of the person to whom the information relates.

SECTION E: DECLARATION

NOTICE - Any false or misleading declaration with respect to this form or any supporting document to this application, including the non divulcation of any material fact, may result in a refusal to issue or to renew, or the suspension or the revocation of an agent licence.

I declare that I have read and understood the above-stated **NOTICE**.

I declare that I am aware of the responsibilities and obligations incumbent upon me pursuant to the *Private Security Act and its regulations*.

I understand that this licence is renewed solely for the same purpose for which it was originally obtained and **I undertake to notify the Bureau de la sécurité privée immediately if I cease to perform the specific tasks** for which my temporary licence is renewed before it expires.

I authorize the Bureau de la sécurité privée to corroborate with my employer any information related to the declaration that I provided in support of my temporary licence application, and I authorize the Bureau to obtain any additional information or documents regarding the circumstances that require my temporary services, if needed.

I understand that fees required as per regulation shall be paid annually if I renew a temporary licence for a period exceeding one (1) year and I understand that the renewal of my licence could be refused should I fail to pay those fees.

Furthermore, I undertake to immediately inform the Bureau de la sécurité privée of any change of address or employer.

I solemnly declare that I am the applicant for this application. I declare that all the information provided herein is accurate and complete and that any change modifying that information will be **promptly** 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 H: PAYMENT SHEET

Applicant surname	Applicant first name
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Is this agent licence application accompanied by an agency licence application?

No

Yes, name of the agency: _____

PAYABLE FEES (NON-REIMBURSABLE)

Payable fees for the conversion of the licence: \$25.25 + \$1.26 GST + \$2.52 QST = **\$29.03**

GST (5 %): 817788656 QST (9,975 %): 1216343481

important notice - In addition to this \$29.03 fee, annual fee shall be paid if the renewal of your temporary licence has the effect of extending its validity for more than one (1) year of its issuance or of the last payment of such annual fee. If applicable to this renewal, we will contact you.

These annual fees, adjusted each year, are in the amount of \$72.50 until December 31, 2021.

METHODS OF PAYMENT

Select a method of payment for this transaction:

Payment card:

<input type="checkbox"/> Mastercard	<input type="checkbox"/> Mastercard Prepaid	<input type="checkbox"/> American Express
<input type="checkbox"/> Visa	<input type="checkbox"/> Visa Prepaid	<input type="checkbox"/> 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 charge on my card the required amount for the processing of this application.

Date A A A A M M J J

_____ **Card holder's signature** **Téléphone**

Interac e-Transfer (**Recipient:** Bureau de la sécurité privée, **Email:** comptabilite@bspquebec.ca, **Security Question:** reason for payment, **Security Answer:** permis, **Reason:** Name, First name, Date of Birth (DAY,MONTH,YEAR), Email and Phone)

Check payable to the Bureau de la sécurité privée
(mail-in application only - no post-dated cheques accepted)

Bank or postal money order payable to the Bureau de la sécurité privée
(mail-in application only)