

ADDITION OF A TEMPORARY AGENT LICENCE

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.

NOTICE: Not filling out all sections of this form or not sending all required documents or payment could lead to the inadmissibility of your application and return of your documents, and/or significantly delay the processing of your application.

BEFORE PROCEEDING

Please read the following instructions carefully:

- The form must be filled out and signed by the applicant.
- The applicant must be at least 18 years of age, and have Canadian citizenship, permanent resident status or a work permit in Canada.
- You must fill out and send **all pages** of the form, including the payment sheet.
- You must read the declaration (Section F) and sign within the inner limits of the signature box. This signature will appear on your licence.
- The information written must be neat, legible and in block letters.

DOCUMENT CHECKLIST

The application must include all of the following documents:

- Original** and **complete** temporary agent licence application form, duly **filled out**, **dated** and **signed**.
- Payment fees, **which are non-reimbursable** (see Section L for methods of payment).
- Documents supporting your temporary licence application as described in Section E**, according to the purpose for which the temporary licence application is filed.

IMPORTANT: PLEASE DO NOT SEND ORIGINAL DOCUMENTS, EXCEPT THE APPLICATION FORM

FORM – ADDITION OF TEMPORARY AGENT LICENCE

SECTION A : APPLICANT IDENTIFICATION			
Surname		First name	
Date of birth A A A A M M J J	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 : TEMPORARY AGENT LICENCE
<p>Class for which the application is filed:</p> <p><input type="checkbox"/> Security guarding <input type="checkbox"/> Investigation <input type="checkbox"/> Locksmith work <input type="checkbox"/> Transport of valuables</p> <p>Purpose of the temporary licence application:</p> <p><input type="checkbox"/> For training purposes (complete section E.1)</p> <p><input type="checkbox"/> For the special needs of an investigation (complete section E.2)</p> <p><input type="checkbox"/> For temporary labor on the occasion of a special event (complete section E.3)</p> <p>Period covered*: From _____ to _____.</p> <p>* The term of the temporary licence cannot exceed 120 days.</p>

SECTION C : CURRENT JOB IN PRIVATE SECURITY (Add an appendix if necessary)			<input type="checkbox"/> Non applicable
Employer name			
Address (Civic No. and street)			Suite
City		Province	Postal code
Phone number		Ext.	
Job title			Since A A A A M M J J
*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 : ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION
<p>Personal information is collected for the application of the <i>Private Security Act</i> 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.</p>

SECTION E : INFORMATION AND DOCUMENTS TO SUBMIT (Fill out the subsection that applies).			
E.1 FOR TRAINING PURPOSES (Leading to qualification for the issuance of an agent licence, including internships)			
Name of the institution			
Name of the organisation where the internship will occur		Organisation phone number	
Address of the organisation where the internship will occur (Civic No., street, apt., city, postal code)			
YOU MUST ENCLOSE:			
1. A confirmation that you are registered in a training program which may qualify you to obtain a regular agent licence;			
AND			
2.1 <u>In the case of an internship:</u> a declaration from the employer where you will be in internship, indicating where and when it will be held, and the name and regular agent licence number (of the same category) of the person who will supervise you at that employer.			
OR			
2.2 <u>As part of a work-study program:</u> a declaration from the employer where you will complete the on-the-job portion of your training program and the name and regular agent licence number (of the same class) of the person who will supervise you at that employer.			
E.2 FOR THE SPECIAL NEEDS OF AN INVESTIGATION (In particular to act as an undercover agent or double agent)			
Nature of the investigation			
Employer name			
Address (Civic No. and street)			Suite
City		Province	Postal code
Phone number		Ext.	
YOU MUST ENCLOSE:			
a declaration from your employer indicating:			
<ul style="list-style-type: none"> • the name and investigation agent licence number of your supervisor; • the reason why this employer needs your services specifically; • the period for which your temporary services are required. 			
E.3 TEMPORARY LABOUR ON THE OCCASION OF A SPECIAL EVENT (Such as sporting or cultural activities, a labour dispute, a disaster or a pandemic).			
Nature of the special event			
Employer name			
Address (Civic No. and street)			Suite
City		Province	Postal code
Phone number		Ext.	
YOU MUST ENCLOSE:			
a declaration from your employer indicating:			
<ul style="list-style-type: none"> • the name and agent licence number of your supervisor onsite (which is in the same class that the temporary licence you are applying for); • the name or description of the special event for which your temporary services are required; • the date and place where such event will take place. 			

SECTION F : DECLARATION

NOTICE - Any false or misleading declaration with respect to this form or any supporting document to this application, including the non divulgation of any material fact, may result in a refusal to issue, 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 issued solely for the purpose specified in Section E and **I undertake to notify the Bureau de la sécurité privée immediately if I cease to perform the specific activity** for which I was issued a temporary licence before it expires.

I authorize the Bureau de la sécurité privée to corroborate with my employer or the training institution or entreprise I attended, if applicable, any information related to the documents I provided in support of my temporary licence application, and I authorize the Bureau to obtain any additional information or documents from such persons, if needed.

I understand that I shall pay annual fees if I renew a temporary licence for a period exceeding one (1) year.

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

I authorize the Bureau de la sécurité privée to provide the Sûreté du Québec with the information required to verify that the conditions stated in paragraphs 2 and 3 of Section 19 of the *Private Security Act* are met. Moreover, I understand that the Sûreté du Québec is authorized pursuant to the *Private Security Act* to inform the Bureau de la sécurité privée of the results of such verifications, and its follow-up, and to give its opinion as to compliance with said conditions.

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:

SIGN WITHIN THE BORDERS OF THE SIGNATURE BOX
Void if signature touches border



ORIGINAL SIGNATURE REQUIRED



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



SECTION G : PAYMENT SHEET

Applicant surname	Applicant first name
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DROITS PAYABLES (NON REMBOURSABLES)

Check the temporary licence class for which the application is filed, add all amounts, and write the total next to: "Total amount to pay".

Note that the payable fees, are **non-reimbursables at all times**, including in case of refusal or cancellation of your application. (Section 12 of the *Regulation under the Private Security Act*)

**Pricing effective from
January 1st, 2021**

<input type="checkbox"/> Security guarding	\$57.50		\$ _____
<input type="checkbox"/> Investigation	\$57.50	+	\$ _____
<input type="checkbox"/> Locksmith work	\$57.50	+	\$ _____
<input type="checkbox"/> Transport of valuables	\$57.50	+	\$ _____

Total amount to pay:

\$

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 |

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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	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">A</td> <td style="border: 1px solid black; width: 20px; text-align: center;">A</td> <td style="border: 1px solid black; width: 20px; text-align: center;">A</td> <td style="border: 1px solid black; width: 20px; text-align: center;">A</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">J</td> <td style="border: 1px solid black; width: 20px; text-align: center;">J</td> </tr> </table>	A	A	A	A	M	M	J	J
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)