

ADDITION OF LICENCE CLASS(ES) (AGENT)

Submit your application:

- **Online** via the special section **APPLY ONLINE (COVID-19)** on **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.

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 G) 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** Addition of Licence class(es) form, duly **filled out**, **dated** and **signed**
- Payment of fees, **which are non-reimbursable** (see Section H for methods of payment).
- Documents** certifying that you meet all **training and/or equivalence** requirements, if applicable (for example: diplomas, transcripts, proof from your current and former employer(s) describing the main duties performed as well as the years of continuous service and the number of hours worked annually).
- Security Guarding application:** a legible copy of your valid workplace first aid card (CNESST training - 16 h).

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

FORM - ADDITION OF LICENCE CLASS(ES) (AGENT)

SECTION A: APPLICANT 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: LICENCE(S) FOR WHICH THE APPLICATION IS FILED - NEW CLASS(ES)											
Classes for which this application is filed: (Check all boxes that apply).											
<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			
*Please note that the Electronic security systems agent licence includes automatically the subcategories of installing, repairing and maintaining; continuous remote monitoring; and technical consulting.											

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	M
										M	D
										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: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION											
Personal information is collected for the purpose of 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.											

SECTION E: TRAINING (Check the boxes that apply to the class(es) of licence for which the application is filed).

SECURITY GUARDING

- I successfully completed the training required as per the Regulation on Training, namely the Private Security Guarding program (minimum of 70 hours) from a School service centre - **Enclose your certificate of achievement and a legible copy of your valid workplace first aid card (CNESST training - 16 h).**
- I have not taken the training required as per the Regulation on Training, but wish to have my level of knowledge and skills evaluated by the BSP - **See Section F.**

INVESTIGATION

- I successfully completed the training required as per the Regulation on Training, namely the "Initiation aux techniques d'enquête et d'investigation" course (135 hours) from a college level institution - **Enclose your certificate of achievement.**
- I hold a diploma of college studies in Police Technology, obtained within the past five (5) years - **Enclose a copy of the diploma and official transcript issued by your institution.**
- I hold a bachelor degree in Security and Police Studies, obtained within the past five (5) years - **Enclose a copy of the diploma and official transcript issued by your institution.**
- I have not taken the training required as per the Regulation on Training, or I completed it more than five (5) years ago, but I wish to have my level of knowledge and skills evaluated by the BSP - **See Section F.**

LOCKSMITH WORK

- I successfully completed the training required as per the Regulation on Training, namely the diploma of vocational studies in locksmithing - **Enclose a copy of the diploma and official transcript issued by your institution.**
- I have not taken the training required as per the Regulation on Training, but wish to have my level of knowledge and skills evaluated by the BSP - **See Section F.**

TRANSPORT OF VALUABLES

- I successfully completed the training required as per the Regulation on Training, namely the "Handling of firearms and the use of force" training provided by the École nationale de police du Québec (ENPQ) or one of its accredited instructor - **Enclose your certificate of achievement.**
- I hold a valid authorization to carry firearms (ATC) - **Enclose a legible copy of your authorization to carry firearms.**

SECURITY CONSULTING

- Enclose **any relevant proof** of training courses or professional experiences, certified by third parties, showing your competencies and skills in the provision of consulting services on methods of protection against theft, intrusion or vandalism, particularly by developing plans or specifications, or presenting private security projects.

SECTION F: EQUIVALENCE OF KNOWLEDGE AND SKILLS

In order for the BSP to be able to evaluate your level of knowledge and skills, please enclose **certifications from current and former employers**, confirming the positions held and including a detailed description of your duties, as well as the number of years of experience and number of hours worked annually, or a record of the hours worked issued by the Parity Committee for Security Guards. Furthermore, you may provide certificates of achievement for training courses or internships in relevant or related fields, showing the nature and content of the courses taken as well as the grades received (transcript in support). **For security guarding:** enclose a legible copy of your **valid workplace first aid card (CNESST training - 16 h).**

RELEVANT OR RELATED TRAINING (Enclose diplomas and official transcripts, etc.).

Not applicable

Name of the institution

Name of the training program

Date of diploma

Number of hours of training: _____ hours

Type of diploma (AEC, DEP, etc.)

RELEVANT EXPERIENCE (Enclose job certifications, or a record from the Parity Committee).

Not applicable

Number of years of experience in the field of private security: _____

SECTION G: 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.

Among others, I understand that fees are payable on an annual basis and that **my licence could be revoked should I fail to pay such fees.**

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 authorize the Bureau de la sécurité privée to contact my current and former employers, the Parity Committee for security guards and the training institutions or enterprises attended, to corroborate the information I have provided in support of my application for a licence regarding my work experiences and trainings, and to obtain additional information or documents from such persons, if needed.

I solemnly declare that I am the applicant for this additional agent licence 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
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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 agency: _____

PAYABLE FEES (NON-REIMBURSABLE)

Check the class for which the application is filed, and indicate the corresponding amounts on the line on the right. Add all amounts, and write the total amount next to "Total amount to pay".

Note that the payable fees are **non-reimbursable 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 1 st , 2021	
<input type="checkbox"/> Security guarding	\$57.50	\$ _____
<input type="checkbox"/> Investigation	\$57.50 +	\$ _____
<input type="checkbox"/> Locksmith work	\$57.50 +	\$ _____
<input type="checkbox"/> Electronic security systems	\$57.50 +	\$ _____
<input type="checkbox"/> Transport of valuables	\$57.50 +	\$ _____
<input type="checkbox"/> Security consulting	\$57.50 +	\$ _____
Total amount to pay:		\$ _____

METHODS OF PAYMENT

Select a method of payment for this transaction:

Interac e-Transfer (Recipient: Bureau de la sécurité privée, Email: comptabilite@bspquebec.ca, Security Question: reason for payment, Security Answer: permis, Reason: Your BSP file number.)

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

Bank or postal money order payable to the Bureau de la sécurité privée

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

Card holder's signature

Phone number | | | | - | | | - | | | |