

TEMPORARY AGENT LICENCE RENEWAL

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.

temporary

**Only applications sent electronically or by mail will be processed;
NO APPLICATIONS SHALL BE RECEIVED IN PERSON.**

Thank you for your understanding.

IMPORTANT

This form is intended for holders of a **valid temporary agent licence** who needs to renew its 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.		
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: RENEWAL APPLICATION	
Temporary licence No.	Class of temporary licence
<p>I am applying for the renewal of my temporary agent licence, which class and number appear above, for the following period*:</p> <p>From: _____ to _____.</p> <p><small>* The renewal term of the temporary licence cannot exceed 120 days.</small></p> <p>The following are enclosed with my application:</p> <p><input type="checkbox"/> The declaration from my employer indicating:</p> <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. <p><input type="checkbox"/> Payable fees as indicated under Section F.</p>	

SECTION C: CURRENT JOB* IN PRIVATE SECURITY (Add an appendix if necessary).			<input type="checkbox"/> Not applicable
Employer name			
Address (Civic No. and street)			Suite
City		Province	Postal code
Phone number - -	Ext.		
Job title			Since Y Y Y Y M M D D
<small>*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.</small>			

SECTION D: ACCES TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION
<p>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.</p>

SECTION E: 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 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 |



