

# TEMPORARY AGENT LICENCE RENEWAL

#### Submit your application:

• Online via the special section APPLY ONLINE (COVID-19) on bspquebec.ca.

temporary

• 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.

#### **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 BSP File No. or Agent Licence N	0.			
Y				
Your mother surname at birth				
Address (Civic No. and street)	Apt.			
City	Province Postal code			
Home phone number Cell phone or oth	ner 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 lie for the following period*:	cence, which class and number appear above,			
From: to				
* The renewal term of the temporary licence cannot exceed 120 days.	<del></del>			
The following are <b>enclosed</b> with my application:				
☐ The declaration from my employer indicating:				
The name and agent licence number of my supervision.				
The purpose for which my temporary services cont				
• The additional period for which my temporary services are required for the same purpose.				
Payable fees as indicated under Section F.				
SECTION C: CURRENT JOB* IN PRIVATE SECURITY (Ad	dd an appendix if necessary). Not applicable			
Employer name				
Address (Civic No. and street)	Suite			
	Province Postal code			
<b>City</b> 	Province Postal code			
Phone number Ext.				
Job title	Since			
*It is <b>mandatory to declare any employer</b> for which you carry o of any change or addition of employer, under penalty of fines.	ut private security activities and to inform the Bureau within 30 days			

## SECTION D: ACCES TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION

Personal information is collected for the purpose of 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.

194.014-2020-12-A



#### **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 <u>immediately</u> 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.

securité privée.		
In witness whereof, I have signed:		
	Signature	
	Date   Y   Y   Y   Y   M   M   D   D	

194.014-2020-12-A 2



SECTION F: PAYMENT SHEET			
Applicant surname	Applicant first na	me	
PAYABLE FEES (Pricing effective from January 1st, 2021)			
Payable fees for the renewal of the licence: \$25.25 + \$1.26 GST + \$2.52 QST = \$29.03			
GST number (5 %): 817788656 QST number (9,975 %): 1216343481			
<b>Important notice</b> - 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.			
This fee, annually adjusted, is in the amount of \$72.50 until December 31, 2021.			
METHODS OF PAYMENT			
Select a method of payment for this transaction:			
Security Answer: permis, Reason: Your B  Check payable to the Bureau	eau de la sécurité privée, <b>Email:</b> comptabilite@bspquebec BSP file number.) <b>de la sécurité privée</b> (no post-dated cheques acc <b>ayable to the Bureau de la sécurité privée</b>	repted)	
Mastercard	Mastercard Prepaid	American Express	
☐   Visa	☐   Visa Prepaid	☐   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	
AUTHORIZATION - Lauthorize the Ru	reau de la sécurité privée to charge on my card the req	nuired amount for the processing of this application	
	read de la securité privée le charge offiny card the req	Date   Y   Y   Y   M   M   D   D	
Card	holder's signature		
Phone number	-     -		

194.014-2020-12-A 3