

## ADDITION OF TEMPORARY AGENT LICENCE

### 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 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** addition of temporary agent licence application form, duly **filled out**, **dated** and **signed**.
- Payment of fees, **which are non-reimbursable** (see Section G for methods of payment).
- Document 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 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: TEMPORARY AGENT LICENCE											
<b>Class for which the application is filed:</b>											
<input type="checkbox"/> Security guarding			<input type="checkbox"/> Investigation			<input type="checkbox"/> Locksmith work			<input type="checkbox"/> Transport of valuables		
<b>Period covered:</b> from _____ to _____.											
*The term of the temporary licence cannot exceed 120 days											

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	

SECTION D: ACCESS 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: PURPOSE FOR WHICH THE TEMPORARY LICENCE APPLICATION IS FILED** (Fill out the subsection that applies).

**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)

**ENCLOSE:**

1. A confirmation that you are registered in a training program which may qualify you to obtain a regular agent licence;
- AND**
2. A declaration from the employer where you will be in internship as a part of this training program, indicating where and when it will be held, and the name and agent licence number of the person who will supervise you at that employer.

**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.

**ENCLOSE:**

**A declaration from your employer indicating:**

- 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.

**TEMPORARY LABOUR ON THE OCCASION OF A SPECIAL EVENT**

(i.e. an exceptional or unusual event, such as 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.

**ENCLOSE:**

**A declaration from your employer indicating:**

- the name and agent licence number of your supervisor (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 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 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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### PAYABLE FEES (NON-REIMBURSABLE)

Check the temporary licence class for which the application is filed 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<sup>st</sup>, 2021**

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

**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:**

Mastercard

Mastercard Prepaid

American Express

Visa

Visa Prepaid

Visa Debit

Card number

Exp (MM/YY)

N° CVV2\*

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\*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