

MODIFICATION OF INFORMATION ON THE LICENCE

Change of name or photos

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.

INSTRUCTIONS

In addition to completing this form and paying the required payable fees set out in Section E:

For a change of name and/or surname*:

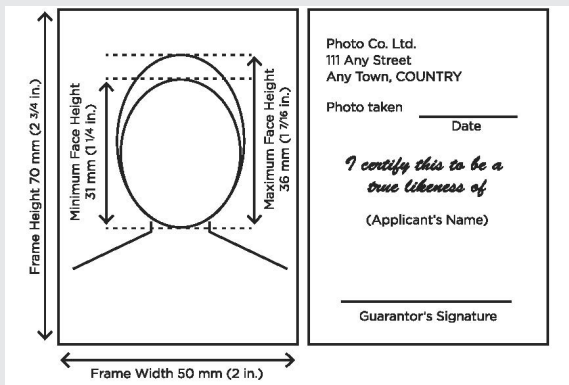
You must provide:

- your certificate of change of name issued by the Directeur de l'État civil.

For a change of photos*:

You must provide:

- Section D duly completed and signed by an eligible respondent; and
- Two (2) identical colour photos in a passport format (5 cm x 7 cm)** taken during the six (6) month period preceding the application. The photos must be taken facing front, against a white background, and show the applicant from the shoulders up. The applicant must be bare-headed. The photos must be dated on the back with a dater. **One of the photos must be authenticated by your respondent**, who must meet the criteria of Section D. Example*:



*Does not correspond to actual size - Please refer to the indicated measures.

NOTE

A hat or head covering may not be worn unless it is worn daily for religious or medical reasons.

However, your entire face must clearly appear and head covering should not create shading on the face.

*If your name change and/or change of photos are requested due to a change of sex designation, please provide your change of sex designation certificate issued by the Directeur de l'État civil. The Bureau will make the required change to your agent file.


ACCESS 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.

FORM - MODIFICATION OF INFORMATION ON THE LICENCE

| SECTION A: AGENT IDENTIFICATION | | | |
|---|-----------------------------------|----------------------------------|-------------|
| Surname | First name | | |
| Date of birth <small>Y Y Y Y M M D D</small> | 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: REQUESTED(S) MODIFICATION(S) | |
|---|--------------------------|
| I hereby request of the Bureau de la sécurité privée to modify the following information in my file*, which will result in a modification of my agent licence(s): | |
| <input type="checkbox"/> Change of SURNAME and/or NAME, provide: <ul style="list-style-type: none"> • Certificate of change of name by the Directeur de l'État civil | |
| New surname, if applicable: | New name, if applicable: |
| <input type="checkbox"/> Change of PHOTO, provide: <ul style="list-style-type: none"> • Section D duly completed and signed by an eligible respondent; AND • Two (2) compliant colour photos (see Instructions on front page). | |
| *If your name change and/or change of photos are requested due to a change of sex designation, please provide your change of sex designation certificate issued by the Directeur de l'État civil. The Bureau will make the required change to your agent file. | |

| SECTION C: DECLARATION | |
|---|---|
| I solemnly declare that I am the applicant for this application and 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 the event of a change of name: 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 <i>Private Security Act</i> are met. Moreover, I understand that the Sûreté du Québec is authorized pursuant to the <i>Private Security Act</i> 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. | |
| In the event of a change of photos: I declare that the photos enclosed hereto were taken during the last six (6) months and reflect my actual physical appearance. | |
| In witness whereof, I have signed: | |
| <p>SIGN WITHIN THE BORDERS OF THE SIGNATURE BOX</p> <div style="border: 2px solid gray; padding: 10px; width: 80%; margin: 0 auto;"> <p style="text-align: center; color: gray;">Void if signature touches border</p> <div style="border: 1px solid gray; height: 100px; margin: 10px auto; width: 80%;"></div> <p style="text-align: center; color: gray;">ORIGINAL SIGNATURE REQUIRED</p> </div> |  |
| Date <small>Y Y Y Y M M D D</small> | |

SECTION D: RESPONDENT – TO BE COMPLETED IN CASE OF A CHANGE OF PHOTOS ONLY

The respondent (including any commissioner for oaths, notary or lawyer) must:

- Fill out subsections D.1, D.2 and D.3
- Authenticate one of the photos accompanying this application

NOTICE – The respondent must be a Canadian citizen or permanent resident and be at least 18 years of age. The respondent must have known the applicant personally for at least one (1) year and must be available for verification by the Bureau de la sécurité privée.

If you have not known any such person for at least one (1) year, the only people authorized to act as your respondent and authenticate your photo are a commissioner for oaths, a notary or a lawyer.

D.1: RESPONDENT IDENTIFICATION

| | | | | | | | |
|--|--|------|----------------------------------|-------------------------------------|--|--------------|--|
| Surname | | | | Name | | | |
| Occupation | | | | Professional number (if applicable) | | | |
| Address (Civic No. and street) | | | | | | Suite / Apt. | |
| City | | | | Province | | Postal code | |
| Phone number (day) | | Ext. | Cell phone or other phone number | | | | |
| E-mail address | | | | | | | |
| I have known the applicant for _____ year(s) | | | | Relation to applicant | | | |

D.2: AUTHENTICATION OF PHOTOS

The respondent must write: **“I certify the authenticity of this photo of (name of applicant)”** on the back of one of the photos and must **sign** this same photo.

D.3: DECLARATION OF RESPONDENT

I declare that I have read and understood the above-stated **NOTICE**.

I declare that I have personally known for at least one (1) year the applicant named below and whose signature appears in Section C of this form and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the applicant.

Declaration of the commissioner for oaths, notary or lawyer: I declare that I have seen the applicant named below and whose signature appears in Section C of this form and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the applicant.

(write the APPLICANT NAME in block letters)

_____ Date

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

Respondent signature
(Including any commissioner for oaths, notary or lawyer)



