



ADDING OWNERS, DIRECTORS, PARTNERS OR SHAREHOLDERS

Photocopy and add copies of page 2 or Appendix 1 as needed.

Submit your application:

- **Online** via the special section **APPLY ONLINE** on **bspquebec.ca**.
- **By mail** to the following address:
1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

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.

FORM - ADDING OWNERS, DIRECTORS, PARTNERS OR SHAREHOLDERS

Photocopy and add copies of page 2 or Appendix 1 as needed.

SECTION A: AGENCY IDENTIFICATION

| | | | |
|--------------------------------|---------------------------|------------------------------------|--|
| Legal entity name | | | |
| Québec Enterprise Number (NEQ) | | BSP File No. or Agency Licence No. | |
| Representative surname | Representative first name | | Date of birth Y Y Y Y M M D D |

SECTION B: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION

Personal information is collected for 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 the Protection of personal information*, or with the consent of the person to whom the information relates.

SECTION C: SECURITY VERIFICATION OF OWNERS, SHAREHOLDERS, PARTNERS, DIRECTORS

NOTICE- This section must be filled out for **EVERY PERSON** added as an **OWNER, DIRECTOR** or **SHAREHOLDER** or **PARTNER** having a major interest in the company (i.e. holding 10% or more of the voting shares or shares).

If an agency owner, director, partner or shareholder is a legal entity, you must mandatorily fill out Appendix 1 for each legal entity.

IDENTIFICATION : Mr. Ms. Legal entity (Appendix 1 is mandatory)

STATUS: Director (Member of B. of D.) Shareholder _____% of voting shares Partner _____% of shares

| | | | |
|---|------|---|--|
| Surname | | First name | |
| Name of legal entity (if legal entity) | | Québec Enterprise Number (NEQ) (if legal entity) | |
| Home address (Head office, if legal entity) Civic No., street | | Suite/Apt. | Postal code |
| City | | Province | Country |
| Phone number (day) | Ext. | SAAQ Driver's licence <input type="checkbox"/> I do not have one. | Date of birth Y Y Y Y M M D D |

IDENTIFICATION : Mr. Ms. Legal entity (Appendix 1 is mandatory)

STATUS: Director (Member of B. of D.) Shareholder _____% of voting shares Partner _____% of shares

| | | | |
|---|------|---|--|
| Surname | | First name | |
| Name of legal entity (if legal entity) | | Québec Enterprise Number (NEQ) (if legal entity) | |
| Home address (Head office, if legal entity) Civic No., street | | Suite/Apt. | Postal code |
| City | | Province | Country |
| Phone number (day) | Ext. | SAAQ Driver's licence <input type="checkbox"/> I do not have one. | Date of birth Y Y Y Y M M D D |

Photocopy and add copies of this page as needed.

| | | | |
|--|------|---|--|
| IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 1 is mandatory) | | | |
| STATUS: <input type="checkbox"/> Director (Member of B. of D.) <input type="checkbox"/> Shareholder _____% of voting shares <input type="checkbox"/> Partner _____% of shares | | | |
| Surname | | First name | |
| Name of legal entity (if legal entity) | | Québec Enterprise Number (NEQ) (if legal entity) | |
| Home address (Head office, if legal entity) Civic No., street | | Suite/Apt. | Postal code |
| City | | Province | Country |
| Phone number (day) | Ext. | SAAQ Driver's licence <input type="checkbox"/> I do not have one. | Date of birth Y Y Y Y M M D D |

| | | | |
|--|------|---|--|
| IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 1 is mandatory) | | | |
| STATUS: <input type="checkbox"/> Director (Member of B. of D.) <input type="checkbox"/> Shareholder _____% of voting shares <input type="checkbox"/> Partner _____% of shares | | | |
| Surname | | First name | |
| Name of legal entity (if legal entity) | | Québec Enterprise Number (NEQ) (if legal entity) | |
| Home address (Head office, if legal entity) Civic No., street | | Suite/Apt. | Postal code |
| City | | Province | Country |
| Phone number (day) | Ext. | SAAQ Driver's licence <input type="checkbox"/> I do not have one. | Date of birth Y Y Y Y M M D D |

| | | | |
|--|------|---|--|
| IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 1 is mandatory) | | | |
| STATUS: <input type="checkbox"/> Director (Member of B. of D.) <input type="checkbox"/> Shareholder _____% of voting shares <input type="checkbox"/> Partner _____% of shares | | | |
| Surname | | First name | |
| Name of legal entity (if legal entity) | | Québec Enterprise Number (NEQ) (if legal entity) | |
| Home address (Head office, if legal entity) Civic No., street | | Suite/Apt. | Postal code |
| City | | Province | Country |
| Phone number (day) | Ext. | SAAQ Driver's licence <input type="checkbox"/> I do not have one. | Date of birth Y Y Y Y M M D D |

| | |
|---|--|
| SECTION D: REPRESENTATIVE DECLARATION | |
| As representative, I certify that I have received authorization from these people to transmit their personal information to the Bureau de la sécurité privée (BSP) for the purpose of security verifications with the Sûreté du Québec pursuant to section 8 PSA, the results of which will be communicated to the BSP. | |
| In witness whereof, I have signed: _____ | |
| Representative signature | |
| Date Y Y Y Y M M D D | |



| SECTION E: PAYMENT SHEET | | |
|--|---|---|
| INFORMATION ON THE AGENCY | | |
| Québec Enterprise Number (NEQ) | BSP file No. or Agency Licence No. | |
| PAYABLE FEES (Pricing effective from January 1st 2022) | | |
| Write the number of additional people identified herein, and in Appendix 1, if applicable. Multiply this number by the fees for the security verification (non-refundable). Write the total amount to pay where indicated. | | |
| Number of people to verify: _____ X \$125.00 <i>One (1) verification per individual.</i> | Total to pay: \$ _____ | |
| METHODS OF PAYMENT | | |
| Select a method of payment for this transaction: | | |
| <input type="checkbox"/> 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 |
| <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 60%;"></div> <div style="border-bottom: 1px solid black; width: 15%;"></div> <div style="border-bottom: 1px solid black; width: 15%;"></div> </div> <p style="text-align: center; margin-top: 5px;">Card number</p> | <div style="border-bottom: 1px solid black; width: 15%;"></div> <div style="border-bottom: 1px solid black; width: 15%;"></div> <p style="text-align: center; margin-top: 5px;">Exp (MM/YY)</p> | <div style="border-bottom: 1px solid black; width: 15%;"></div> <div style="border-bottom: 1px solid black; width: 15%;"></div> <p style="text-align: center; margin-top: 5px;">N° CVV2*</p> |
| <small>*N° CVV2: Security number of 3 or 4 digits on the back of your credit card.</small> | | |
| Card holder's surname | Card holder's first name | |
| <p>AUTHORIZATION - I authorize the Bureau de la sécurité privée to charge on my card the required amount for the processing of this application.</p> | | |
| _____ Card holder's signature | <p>Date A A A A M M J J </p> <p>Téléphone </p> | |
| <input type="checkbox"/> Interac e-Transfer (Recipient: Bureau de la sécurité privée, Email: comptabilite@bspquebec.ca, Security Question: reason for payment, Security Answer: permis, Reason: Your agency's BSP file number). | | |
| <input type="checkbox"/> Cheque payable to the Bureau de la sécurité privée (mail-in application only - no post-dated cheques accepted) | | |
| <input type="checkbox"/> Bank or postal money order payable to the Bureau de la sécurité privée (mail-in application only) | | |



APPENDIX 1 IDENTIFICATION OF THE OWNERS, DIRECTORS, SHAREHOLDERS, PARTNERS OF THE LEGAL ENTITY IDENTIFIED IN SECTION C OR APPENDIX 1

(Section 1(4.1) of the *Regulation under the Private Security Act*, CQLR, c. S-3.5, r.1)

Photocopy and add copies of this page as needed.

| | | | |
|--|------|---|--|
| NOTICE - Fill out this appendix for EVERY OWNER, DIRECTOR and SHAREHOLDER OR PARTNER having a major interest (i.e. holding 10% or more of the voting shares or shares) in a legal entity identified in Section C, and for every legal entity also identified in this Appendix 1. | | | |
| IDENTIFICATION OF THE LEGAL ENTITY IDENTIFIED IN SECTION C OR APPENDIX 1 | | | |
| Name of the legal entity | | | |
| IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 1 is mandatory) | | | |
| STATUS : <input type="checkbox"/> Director (Member of the B. of D.) <input type="checkbox"/> Shareholder _____% voting shares <input type="checkbox"/> Partner _____% shares | | | |
| Surname | | First name | |
| Name of legal entity (if legal entity) | | Québec Enterprise Number (NEQ) (if legal entity) | |
| Home address (Head office, if legal entity) Civic No., street | | Suite/Apt. | Postal code |
| City | | Province | Country |
| Phone number (day) | Ext. | SAAQ Driver licence <input type="checkbox"/> I do not have one. | Date of birth Y Y Y Y M M D D |
| IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 1 is mandatory) | | | |
| STATUS : <input type="checkbox"/> Director (Member of the B. of D.) <input type="checkbox"/> Shareholder _____% voting shares <input type="checkbox"/> Partner _____% shares | | | |
| Surname | | First name | |
| Name of legal entity (if legal entity) | | Québec Enterprise Number (NEQ) (if legal entity) | |
| Home address (Head office, if legal entity) Civic No., street | | Suite/Apt. | Postal code |
| City | | Province | Country |
| Phone number (day) | Ext. | SAAQ Driver licence <input type="checkbox"/> I do not have one. | Date of birth Y Y Y Y M M D D |
| IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 1 is mandatory) | | | |
| STATUS : <input type="checkbox"/> Director (Member of the B. of D.) <input type="checkbox"/> Shareholder _____% voting shares <input type="checkbox"/> Partner _____% shares | | | |
| Surname | | First name | |
| Name of legal entity (if legal entity) | | Québec Enterprise Number (NEQ) (if legal entity) | |
| Home address (Head office, if legal entity) Civic No., street | | Suite/Apt. | Postal code |
| City | | Province | Country |
| Phone number (day) | Ext. | SAAQ Driver licence <input type="checkbox"/> I do not have one. | Date of birth Y Y Y Y M M D D |

As representative, I certify that I have received authorization from these people to transmit their personal information to the Bureau de la sécurité privée (BSP) for the purpose of security verifications with the Sûreté du Québec pursuant to section 8 PSA, the results of which will be communicated to the BSP.

In witness whereof, I have signed: _____ Date Y | Y | Y | Y | M | M | D | D
Representative signature