

CHANGE OF NAME OF LEGAL ENTITY (AGENCY)

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 - CHANGE OF NAME OF LEGAL ENTITY (AGENCY)

IMPORTANT

This form is to inform the Bureau de la sécurité privée of the change of name of a legal entity holding an agency licence. However, if the change of name occurs in the context of a transaction modifying the agency's legal identity, such as a merger or acquisition, please inform us in writing at info@bspquebec.ca.

SECTION A: AGENCY IDENTIFICATION

Previous name of legal entity

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No.

Representative's surname

Representative's first name

Date of birth

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

SECTION B: AGENCY CHANGE OF NAME

New name of legal entity

Effective date of change of name of legal entity: YYYY / MM / DD

Does this change of name involve the addition of other names (corporate names) under which the agency operates?

No Yes, specify:

(Add a sheet if necessary. Please note those names will appear on the agency's licence and in the Register of Licence Holders.)

SECTION C: DOCUMENT TO ENCLOSE

Enclose copy of the **Déclaration de mise à jour** or **Certificat de modification** issued by the Registraire des entreprises du Québec.

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.

SECTION E: REPRESENTATIVE'S DECLARATION

I declare that all the information provided herein is accurate and complete, and that any change modifying that information will be communicated to the Bureau de la sécurité privée **without delay**.

In witness whereof, I have signed: _____

Representative's signature

Date | Y | Y | Y | Y | M | M | D | D |

SECTION F: PAYMENT SHEET

INFORMATION ON THE AGENCY

Québec Enterprise Number (NEQ)	BSP File No. or Agency Licence No.
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PAYABLE FEES (Pricing effective from January 1st, 2022)

All of the agency's licences must be reprinted to reflect the legal entity's change of name. Check the box corresponding to each class for which the agency holds a licence, and indicate the number of establishments in Québec for each of those classes. Multiply by the unit price for the printing of a licence and write the result on the line on the right. Then, add up each total per class and write the total amount to pay where indicated.

Agency licence class(es)	Unit Price*	Number of establishments in Québec	Total per class
<input type="checkbox"/> Security guarding	\$30.18	X _____	= \$ _____
<input type="checkbox"/> Investigation	\$30.18	X _____	= \$ _____
<input type="checkbox"/> Locksmith work	\$30.18	X _____	= \$ _____
<input type="checkbox"/> Electronic security systems	\$30.18	X _____	= \$ _____
<input type="checkbox"/> Transport of valuables	\$30.18	X _____	= \$ _____
<input type="checkbox"/> Security consulting	\$30.18	X _____	= \$ _____

*Unit price per licence copy : \$26.25 + \$1.31 GST + \$2.62 QST = \$30.18
 GST number (5%): 817788656 QST number (9,975%): 1216343481

Total to pay: \$ _____

METHODS OF PAYMENT

Les modes de paiement acceptés afin d'effectuer cette transaction sont les suivants :

Carte de paiement :

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> Mastercard prépayée | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Visa prépayée | <input type="checkbox"/> Visa Débit |

N° carte	Exp (MM/AA)	N° CVV2*

*N° CVV2: Numéro de sécurité à 3 ou 4 chiffres à l'endos de la carte de crédit.

Nom de famille du titulaire de la carte	Prénom du titulaire de la carte
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AUTORISATION - J'autorise le Bureau de la sécurité privée à débiter ma carte du montant requis afin de traiter cette demande.

	Date <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">A</td> <td style="width: 20px; height: 20px;">A</td> <td style="width: 20px; height: 20px;">A</td> <td style="width: 20px; height: 20px;">A</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">J</td> <td style="width: 20px; height: 20px;">J</td> </tr> </table>	A	A	A	A	M	M	J	J
A	A	A	A	M	M	J	J		
Signature du titulaire de la carte	Téléphone <table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 20px;"></table>								

Virement Interac (Destinataire: Bureau de la sécurité privée, Courriel: comptabilite@bspquebec.ca, Question de sécurité: raison pour paiement, Réponse de sécurité: permis, Raison: votre numéro de dossier BSP)

Chèque fait à l'ordre du Bureau de la sécurité privée
 (demande produite par la poste seulement - aucun chèque postdaté n'est accepté)

Mandat bancaire ou mandat-poste à l'ordre du Bureau de la sécurité privée
 (demande produite par la poste seulement)