

CANCELLATION OF LICENCE APPLICATION (AGENCY)

Submit your application:

- **By email** at **dossier@bspquebec.ca**.
- **By mail** to the following address:
1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

SECTION A: AGENCY IDENTIFICATION

Legal entity name

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: REQUEST FOR CANCELLATION OF APPLICATION

I hereby request that the licence application for the enterprise identified in section A be cancelled for the following class(es):

- | | | |
|--|--|---|
| <input type="checkbox"/> Security guarding | <input type="checkbox"/> Locksmith work | <input type="checkbox"/> Transport of valuables |
| <input type="checkbox"/> Investigation | <input type="checkbox"/> Electronic security systems | <input type="checkbox"/> Security consulting |

Reasons for cancellation:

SECTION C: 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 protection of Personal Information*, or with the consent of the person to whom the information relates.

SECTION D: DECLARATION

I understand that the analysis of my agency's application will cease without a decision being made by the Bureau, and that, as stipulated in Section 3 of the *Regulation under the Private Security Act*, **only one-half of the licence class(es) fees will be reimbursed** to the agency in relation to this application cancelled.

I also understand that pursuant to Section 4 of the *Private Security Act*, any person operating an enterprise that carries on a private security activity must hold an agency licence of the appropriate class, under penalty of penal sanctions as provided for by Act.

I declare that the information provided herein is accurate and complete.

In witness whereof, I have signed: _____

Signature of the agency's representative

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