



AGENT LICENCE REPLACEMENT APPLICATION

For lost or stolen licences

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.

SECTION A: AGENT IDENTIFICATION

| | | | |
|--|--|-----------------------------------|-----------------|
| Surname | | First name | |
| Date of birth Y Y Y M M D D | | BSP File No. or Agent Licence No. | |
| Mother's maiden name | | | |
| Address (Civic No. and street) | | | App. |
| City | | Province | Postal code |
| Home phone number | | Cell phone or other phone number | |
| E-mail address | | | |

SECTION B: LICENCE(S) TO REPLACE (Check the class(es) for which the agent licence replacement application is filed).

I **hereby request** the Bureau de la sécurité privée to replace my agent licence(s) for the following class(es):

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

I **certified** that this (these) licence(s) was (were): Lost Stolen

I **have enclosed** the required payment as stipulated in Section E.

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 the Protection of personal Information*, or with the consent of the person to whom the information relates.

SECTION D: DECLARATION

I declare that all the information provided in this form 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: _____
Signature

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

