

ADDITION OF IMMEDIATE SUPERIOR AGENT LICENCE (WITHOUT RIGHT TO PRACTICE)

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.

BEFORE PROCEEDING

Please read the following instructions carefully:

- The form must be filled out and signed by the applicant.
- The applicant must be at least 18 years of age, and have Canadian citizenship, permanent resident status or a work permit in Canada.
- You must fill out and send **all pages** of the form, including Appendix 1 and the payment sheet.
- You must read the declaration (section E) and sign within the inner limits of the signature box. This signature will appear on your licence.
- The information written must be neat, legible and in block letters.

DOCUMENT CHECKLIST

The application must include all of the following documents:

- Original** and **complete** Addition of Immediate Superior Agent Licence (without right to practice) form, duly **filled out, dated and signed**.
- Payment of fees, **which are non-reimbursable** (see Section F for methods of payment).
- Appendix 1 - Employer's Declaration, duly filled out, dated and signed** by your immediate or hierarchical superior.

IMPORTANT: PLEASE DO NOT SEND ORIGINAL DOCUMENTS, EXCEPT THE APPLICATION FORM

FORM - ADDITION OF IMMEDIATE SUPERIOR AGENT LICENCE *

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

SECTION B: CURRENT EMPLOYMENT (Add an appendix if necessary).				<input type="checkbox"/> Not applicable
Employer name				
Address (Civic No. and street)			Suite	
City		Province	Postal code	
Phone number	Ext.			
Job title			Since Y Y Y Y M M D D	
<small>*It is mandatory to declare any employer for which you carry out private security activities and to inform the Bureau within 30 days of any change or addition of employer, under penalty of fines</small>				

SECTION C: ARE YOU IN THE EMPLOY OF A POLICE FORCE?		<input type="checkbox"/> No	<input type="checkbox"/> Yes*, specify:
Police force			
City		Province	
Job title			Since Y Y Y Y M M D D
<small>*This employment may be incompatible with holding an agent licence in private security. For any information on this subject, contact our Information Department.</small>			

SECTION D: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION
<p>Personal information is collected for the application of the <i>Private Security Act</i> 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 <i>Act respecting Access to documents held by public bodies and Protection of personal Information</i>, or with the consent of the person to whom the information relates.</p>

*Without right to practice.

SECTION E : DÉCLARATION

NOTICE - Any false or misleading declaration with respect to this form or any supporting document to this application, including the non divulgation of any material fact, may result in a refusal to issue, or the suspension or the revocation of an agent licence.

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

I declare that I am aware of the responsibilities and obligations incumbent upon me pursuant to the Private Security Act and its regulations. Among others, I understand that fees are payable on an annual basis and that **my licence could be revoked should I fail to pay such fees.**

I declare that I act as an immediate superior of private security agent(s), but that I do not engage my-self in private security activities within the meaning of section 16 of the Act. I understand that, as such, I am exempted from satisfying the training requirement set out in the *Regulation respecting the training required to obtain an agent licence to carry on private security activities* and, consequently, that an immediate superior agent licence would not confer on me the right to engage in private security activities, but only to act as an immediate superior of agent(s) engaged in such activities.

Therefore, **I undertake not to engage in any private security activities subject to the Act for which I do not hold a licence in the relevant class, and I understand that in the event that I wish to engage in such activities, I must first file an application for an agent licence in the relevant class by an addition of class, or a conversion of my immediate superior licence, meet the criteria, and be granted an agent licence of such class** under penalty of penal sanctions.

Furthermore, I undertake to immediately inform the Bureau de la sécurité privée of any change of address or employer.

I authorize the Bureau de la sécurité privée to corroborate with my employer any information related to the Employer's Declaration under Appendix 1 that I provided in support of my immediate superior licence application, and I authorize the Bureau to obtain any additional information or documents regarding my duties assignments, as required.

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 *Private Security Act* are met. Moreover, I understand that the Sûreté du Québec is authorized pursuant to the *Private Security Act* 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.

I solemnly declare that I am the applicant for this application. 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 witness whereof, I have signed:

SIGN WITHIN THE BORDERS OF THE SIGNATURE BOX

Void if signature touches border

SIGNATURE



Date





APPENDIX 1 EMPLOYER'S DECLARATION

Notice: This declaration must be completed, signed and dated by the immediate or hierarchical superior of the applicant for an immediate superior agent licence (without right to practice).

You must complete this section even if you have no immediate or hierarchical superior. In this case, exceptionally, you must complete this section yourself, and attached a detailed job description of the position you occupy.

SECTION I: EMPLOYER IDENTIFICATION

Legal entity name

Québec Enterprise Number (NEQ)

BSP File No. or Agency Licence No. (if applicable)

Civic No.

Street

Apt.

City

Province

Postal code

SECTION II: SIGNATORY IDENTIFICATION

Signatory surname

Signatory first name

Phone number (Day)

Ext.

Cell phone or other phone number

Ext.

Professional E-mail address

Title and Professional relation to applicant:

SECTION III: IDENTIFICATION OF THE APPLICANT FOR AN IMMEDIATE SUPERIOR AGENT LICENCE (WITHOUT RIGHT TO PRACTICE)

Surname

First name

SECTION IV: SIGNATORY DECLARATION

I declare that the information contained in this Appendix 1 is accurate and complete.

I declare that I am a signatory duly authorized by the employer identified in Section I.

I certify that the person identified in Section III does not engage in any private security activity within the meaning of section 16 of the *Private Security Act*, although he or she is an immediate superior of private security agent(s).

I understand that in the event that this person would be required to engage in private security activities, he or she must be issued an agent licence in the appropriate class, under penal sanctions both for that person and for his or her employer.

In witness whereof, I have signed: _____

Signature of the person identified in Section II

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