

TEMPORARY AGENT LICENCE RENEWAL

To file your application

Online

Upload your request via section “6-FOR ANY OTHER REQUESTS” on the APPLY ONLINE page at bspquebec.ca, by **clicking here**.

By mail

Send this form and all documents to the following address:
1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

IMPORTANT

This form is intended for holders of a **valid temporary agent licence** who need to renew their licence for the same purpose for which it was originally issued.

The temporary licence must be valid at the time of the renewal application. Should the applicant fail to file the renewal application before the expiry of the temporary licence, a new temporary agent licence application shall be filed, accompanied with all corresponding documents and fees.

For temporary agent licence holders in the investigation class: If you benefit from an **exemption from publication** on the Register of Licence Holders and you want your information to remain confidential when renewing your temporary licence, **you must request it to the Bureau**, using the form 194.011 - Application for an Exemption from Publication on the Register of Licence Holders.

FORM - TEMPORARY AGENT LICENCE RENEWAL

SECTION A: AGENT 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: AGENT LICENCE RENEWAL REQUESTED	
Temporary licence No.	Temporary licence class
DOCUMENTS TO PROVIDE, according to the reason why you are applying for a renewal of your temporary licence:	
<input type="checkbox"/> To continue the same training , you must ENCLOSE : TRAINEESHIP: Appendix 1 - Employer's declaration - Traineeship in Private Security WORK-STUDY PROGRAM*: Appendix 2 - Employer's Declaration - Work-Study Program *No temporary licence in Security Guarding issued for this purpose will be renewed by the Bureau upon its expiry, on the understanding that its initial validity period of 120 days, as set out in section 22 of the Private Security Act, was sufficient to complete the 70-hour training already started by the Applicant.	
<input type="checkbox"/> For the same special needs of the same investigation , you must ENCLOSE : Appendix 3 - Employer's Declaration - Special Needs of an Investigation	
<input type="checkbox"/> For the needs of temporary labour for the same special event , you must ENCLOSE : Appendix 4 - Employer's Declaration - Special Event	
Renewal period requested** From: _____ (YYYY/MM/DD) to _____ (YYYY/MM/DD)	
** Cannot exceed 120 days	

SECTION C: CURRENT JOB* IN PRIVATE SECURITY (Add an appendix if necessary).			<input type="checkbox"/> Not applicable
Employer name			
Address (Civic No. and street)			Apt.
City		Province	Postal code
Phone number		Ext.	Employer e-mail address
Job title			Since Y Y Y Y M M D D
*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 or fines			

SECTION D: ACCES 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 E: APPLICANT'S DECLARATION

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 to renew, 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*.

I understand that this licence is renewed solely for the same purpose for which it was originally obtained and **I undertake to notify the Bureau de la sécurité privée immediately if I cease to perform the specific tasks** for which my temporary licence is renewed before it expires.

I authorize the Bureau de la sécurité privée to corroborate with my employer any information related to the declaration that I provided in support of my temporary licence application, and I authorize the Bureau to obtain any additional information or documents regarding the circumstances that require my temporary services, if needed.

I understand that fees required as per regulation shall be paid annually if I renew a temporary licence for a period exceeding one (1) year and I understand that the renewal of my licence could be refused should I fail to pay those fees.

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

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

SIGN WITHIN THE BORDERS OF THE SIGNATURE BOX

Void if signature touches border

ORIGINAL SIGNATURE REQUIRED







**EMPLOYER'S DECLARATION
TRAINEESHIP IN PRIVATE SECURITY**

(Section 17(1) of the *Regulation under the Private Security Act* (CQLR, c. S-3.5, r.1))

EMPLOYER'S DECLARATION – TRAINEESHIP IN PRIVATE SECURITY

INSTRUCTIONS: All fields in this appendix **must be filled out** by the employer of the applicant for a temporary agent licence in order to allow them to complete a traineeship as part of their training that may qualify them for the issuance of a regular agent licence of this class. Missing information will cause additional delays in processing and could lead to the refusal of the applicant's licence application.

The employer _____ (name of employer), located at _____ (employer's address) (« **Employer** ») supports the temporary agent licence application in _____ (licence class) (« **Temporary Licence** ») of _____ (Applicant's first name and surname) whom date of birth is _____ (YYYY/MM/DD) (« **Applicant** »).

The Employer certifies that the Applicant is expected to carry out the following traineeship in their service as part of a private security training:

Location: _____

Start date: _____ (YYYY/MM/DD)

End date: _____ (YYYY/MM/DD)

The Employer undertakes, if the Temporary Licence is issued to the Applicant:

- i. that the Applicant's services are used only within the course of the traineeship that they carry out in connection with their training in private security (s. 20 Regulation under the PSA);
- ii. that the Applicant, in the performance of their duties, is under the active and continuous supervision of a holder of a regular agent licence of the same class as that of the Temporary Licence (s. 19 Regulation under the PSA);
- iii. to inform the Bureau de la sécurité privée without delay if they cease to use the Applicant's services (s. 21 Regulation under the PSA).

AUTHORIZED EMPLOYER'S REPRESENTATIVE

Signature

Date (YYYY/MM/DD)

First name et surname (please print)

Phone number (day)

Title

Email address

**EMPLOYER'S DECLARATION
WORK-STUDY PROGRAM**

(Section 17(1) of the *Regulation under the Private Security Act* (CQLR, c. S-3.5, r.1))

EMPLOYER'S DECLARATION – WORK-STUDY PROGRAM

INSTRUCTIONS: All fields in this appendix **must be filled out** by the employer of the applicant for a temporary agent licence registered in a locksmith training program followed as Work-Study Program in order to enable them to practice, under supervision, locksmith work activities along with the acquisition of theoretical knowledge that may qualify them for the issuance of a regular agent licence in this class. Missing information will cause additional delays in processing and could lead to the refusal of the applicant's licence application.

The employer _____ (name of employer), located at _____ (employer's address) (« **Employer** ») supports the temporary agent licence application in locksmith work (« **Temporary Licence** ») of _____ (Applicant's first name and surname) whom date of birth is _____ (YYYY/MM/DD) (« **Applicant** »).

The Employer certifies that the Applicant is expected to carry out in their service and under their active and continuous supervision, private security activities of the Temporary Licence class, along with the acquisition of theoretical knowledge within a private security training program that they follow in order to qualify for the issuance of a regular agent licence in such class.

The Employer undertakes, if the Temporary Licence is issued to the Applicant:

- i. that the Applicant, in the performance of their duties, is under the active and continuous supervision of a holder of a regular agent licence of the same class as that of the Temporary Licence (s. 19 Regulation under the PSA);
- ii. to inform the Bureau de la sécurité privée without delay if they cease to use the Applicant's services (s. 21 Regulation under the PSA).

AUTHORIZED EMPLOYER'S REPRESENTATIVE

Signature

Date (YYYY/MM/DD)

First name et surname (please print)

Phone number (day)

Title

Email address

SPECIAL NEEDS OF AN INVESTIGATION

(Section 17(2) of the *Regulation under the Private Security Act* (CQLR, c. S-3.5, r.1))

EMPLOYER'S DECLARATION – SPECIAL NEEDS OF AN INVESTIGATION

INSTRUCTIONS: All fields in this appendix **must be filled out** by the employer of the applicant for a temporary investigation agent licence for the special needs of an investigation justifying the use of the services of this person, in particular to act as an undercover or double agent. Missing information will cause additional delays in processing and could lead to the refusal of the applicant's licence application.

The employer _____ (name of employer), located at _____ (employer's address) (« **Employer** ») supports the temporary agent licence application in investigation (« **Temporary Licence** ») of _____ (Applicant's first name and surname) whom date of birth is _____ (YYYY/MM/DD) (« **Applicant** »).

The Employer certifies that the special needs of an investigation justify using the services of this person for the following reasons and under the following conditions:

Nature of the investigation : _____

Special needs that justify using the temporary services of this person specifically:

Start date: _____ (YYYY/MM/DD)

End date: _____ (YYYY/MM/DD) *

*If the end date is not known, write "unknown". The licence would then be issued for a period of 120 days, subject to the Employer's obligation to inform the Bureau as soon as they cease to use the Applicant's services.

The Employer undertakes, if the Temporary Licence is issued to the Applicant:

- i. that the Applicant will be assigned exclusively to the investigation mandate described in this appendix (s.20 Regulation under the PSA);
- ii. that the Applicant, in the performance of their duties, is under the active and continuous supervision of a holder of a regular agent licence in the Investigation class (s. 19 Regulation under the PSA);
- iii. to inform the Bureau de la sécurité privée without delay if they cease to use the Applicant's services (s. 21 Regulation under the PSA).

AUTHORIZED EMPLOYER'S REPRESENTATIVE

Signature

Date (YYYY/MM/DD)

First name et surname (please print)

Phone number (day)

Title

Email address

(Section 17(3) of the Regulation under the Private Security Act (CQLR, c. S-3.5, r.1))

EMPLOYER'S DECLARATION – SPECIAL EVENT

INSTRUCTIONS: All fields in this appendix **must be filled out** by the employer of the applicant for a temporary agent licence on a special event (such as sports or cultural activities, a labour dispute, or a disaster). Missing information will cause additional delays in processing and could lead to the refusal of the applicant's licence application.

The employer _____ (name of employer), located at _____ (employer's address) (« **Employer** ») supports the temporary agent licence application in _____ (licence class) (« **Temporary Licence** ») of _____ (Applicant's first name and surname) whom date of birth is _____ (YYYY/MM/DD) (« **Applicant** »).

The Employer certifies that the services of this person are required to meet a need for temporary labour due to the following Special Event (the « **Special Event** ») (If several special events, attach a list of events to this Appendix 4, including all the information below for each event and signed by the authorized employer's representative):

Event name or description: _____

Event location: _____

Start date: _____ (YYYY/MM/DD)

End date: _____ (YYYY/MM/DD) *

*If the end date is not known, write "unknown". The licence would then be issued for a period of 120 days, subject to the Employer's obligation to inform the Bureau as soon as they cease to use the Applicant's services.

The Employer undertakes, if the Temporary Licence is issued to the Applicant:

- i. that the Applicant will be assigned exclusively to security duties that meet the need for temporary labour in the context of the Special Event (s. 20 Regulation under the PSA);
- ii. that the Applicant, in the performance of their duties, is under the active and continuous supervision of a holder of a regular agent licence of the same class as that of the Temporary Licence (s.19 Regulation under the PSA) and present at the event location;
- iii. to inform the Bureau de la sécurité privée without delay if they cease to use the Applicant's services (s. 21 Regulation under the PSA).

AUTHORIZED EMPLOYER'S REPRESENTATIVE

Signature

Date (YYYY/MM/DD)

First name et surname (please print)

Phone number (day)

Title

Email address