

APPLICATION FOR AN IMMEDIATE SUPERIOR AGENT LICENCE (WITHOUT RIGHT TO PRACTICE)

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.

BEFORE PROCEEDING

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.

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 old, 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 the payment sheet.
- You must read the declaration (Section H) and sign within the inner limits of the signature box. This signature will appear on your licence.
- A respondent must authenticate your photos, and fill out and sign Section I.
- The information written must be neat, legible and in block letters.

DOCUMENT CHECKLIST

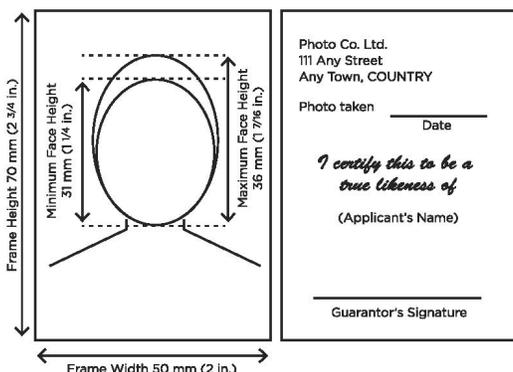
The application for an immediate superior agent licence (without right to practice) must include all the following documents:

- Original and complete** immediate superior (without right to practice) agent licence application form, duly **filled out, dated and signed.**
- Payment of fees, **which are non-reimbursable** (see Section J for methods of payment).
- Appendix 1 - Employer's Declaration**, duly filled out, dated and signed by your employer.
- A copy of both sides of two (2) different valid pieces of identification from the lists below to meet the following conditions:**

CONDITIONS	DOCUMENTS RECEVABLES
<p>Condition 1: Piece of identification issued by the Government of Canada or a provincial or territorial government or, failing that, by a foreign government*, containing at the least your name, date of birth, photo and signature.</p>	<p>Your valid driver licence in Canada (preferred, if you hold one);</p> <p>Or, if not, choose a document from List 1 below:</p> <ul style="list-style-type: none"> • valid health insurance card; • valid passport; • certificate of Indian status; • any other valid piece of identification issued by a canadien or foreign government including your name, photo, signature and date of birth*. <p>* Any piece of identification must be in French or English, otherwise you must also provide us with a translation into one of these official languages made by a member of the Ordre des traducteurs, terminologues et interprètes agréés du Québec.</p>
<p>Condition 2: Document evidencing that you have Canadian citizenship, permanent resident status or a work permit issued by the competent Canadian immigration authorities.</p>	<p>Choose a document from List 2 below (must be different from the one chosen from List 1):</p> <ul style="list-style-type: none"> • birth certificate from a Canadian province or territory; • valid Canadian passport; • Canadian citizenship certificate; • Canadian citizenship card (card with photo); • certificate of Indian status; • permanent resident card or Confirmation of Permanent Residence; • valid work permit in Canada.

- Two (2) identical colour photos in a passport format (5 cm x 7 cm)** taken during the six (6) month period preceding the application. The photos must be taken facing front, against a white background, and show the applicant from the shoulders up. The applicant must be bare-headed. The photos must be dated on the back with a dater.

One of the photos must be authenticated by your respondent, who must meet the criteria of Section I. Example*:



*Ne correspond pas à la taille réelle - Référez-vous aux mesures indiquées.

NOTE

A hat or head covering may not be worn unless it is worn daily for religious or medical reasons.

However, your entire face must clearly appear and head covering should not create shading on the face.

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

FORM – APPLICATION FOR AN IMMEDIAT SUPERIOR AGENT LICENCE*

SECTION A: APPLICANT IDENTIFICATION			
Surname		First name	
Do you use another name and/or surname? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____			
Other surname		Other first name	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth Y Y Y Y M M D D	SAAQ Driver licence	<input type="checkbox"/> I do not have one
Mother's maiden name			
Language of correspondence: <input type="checkbox"/> French <input type="checkbox"/> English		Means of communication: <input type="checkbox"/> Regular mail <input type="checkbox"/> E-mail	

SECTION B: APPLICANT HOME ADDRESS			
Civic No.	Street		Apt.
City		Province	Postal code
Home phone number		Cell phone or other phone number	
E-mail address			

SECTION C: CANADIAN CITIZENSHIP, PERMANENT RESIDENCE OR WORK PERMIT
<p>Please check the statement that applies to you:</p> <p><input type="checkbox"/> I am a Canadian citizen.</p> <p><input type="checkbox"/> I am registered in the Indian Register under the <i>Indian Act</i>.</p> <p><input type="checkbox"/> I am a permanent resident.</p> <p><input type="checkbox"/> I have a work permit in Canada, valid until (enter the expiry date here): _____ .</p>

SECTION D: DECLARATION RELATIVE TO JUDICIAL OR DISCIPLINARY HISTORY
<p>Unless you have obtained a pardon, have you ever been found guilty, at any place, of a criminal or a penal offence, or a disciplinary offence under the <i>Private Security Act</i>?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____</p>
<p>Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the <i>Private Security Act</i>?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____</p>

*Without right to practice

SECTION E : CURRENT JOB* IN PRIVATE SECURITY* 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

OTHER CURRENT JOB IN PRIVATE SECURITY (Add an appendix if necessary) 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

*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.

SECTION F : ARE YOU IN THE EMPLOY OF A POLICE FORCE? No Yes*, specify:

Police force			
City		Province	
Job title			Since Y Y Y Y M M D D

*This employment may be incompatible with holding an agent licence in private security. For any information on this subject, contact our Information Service.

SECTION G : 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 H : 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 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 agents, 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 immediat 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 and I understand that in the event that I wish to engage in such activities, I must first file an addition of licence class(es) application in the relevant class(es) or apply to convert my immediate superior licence into an agent licence in the relevant class(es), meet the criteria, and be granted an agent licence of such class(es)**, 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 declare that the photos enclosed hereto were taken during the last six (6) months and reflect my actual physical appearance.

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 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 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 contact the competent authorities to corroborate the information I provided in support of my application for a licence regarding my Canadian citizenship, my permanent resident status or my work permit, and to obtain additional information or documents from them, if needed.

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
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SECTION I: RESPONDENT

The respondent (including any commissioner for oaths, notary or lawyer) must:

- Fill out subsections I.1, I.2, I.3 and I.4
- Authenticate one of the photos accompanying this application

NOTICE - The respondent must be a Canadian citizen or permanent resident and be at least 18 years of age. The respondent must have known the applicant personally for at least one (1) year and must be available for verification by the Bureau de la sécurité privée.

If you have not known any such person for at least one (1) year, the only people authorized to act as your respondent and authenticate your photo are a commissioner for oaths, a notary or a lawyer.

I.1: APPLICANT IDENTIFICATION

Surname	First name
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I.2: RESPONDENT IDENTIFICATION

Surname	First name	
Occupation	Professional number (if applicable)	
Address (Civic No. and street)	Suite/Apt.	
City	Province	Postal code
Phone number (day)	Ext.	Cell phone or other phone number
E-mail address		
I have known the applicant for _____ year(s)	Relation to applicant	

I.3: AUTHENTICATION OF PHOTOS

- The respondent must **write**: “*I certify the authenticity of this photo of (name of applicant)*” on the back of one of the photos and must **sign** this same photo.

I.4: DECLARATION OF RESPONDENT

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

- I declare that I have personally known for at least one (1) year the applicant named in Section I.1 and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the applicant.
- Declaration of the commissioner for oaths, notary or lawyer: I declare that I have seen the applicant named in Section I.1 and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the applicant.

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

Respondent signature

(Including any commissioner for oaths, notary or lawyer).



SECTION J : PAYMENT SHEET

Applicant surname	Applicant first name
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Is this agent licence application accompanied by an agency licence application?

Non

Yes, name of agency : _____

PAYABLE FEES (NON-REIMBURSABLE)

Note that the payable fees, including licence fees and verification of conditions, are **non-reimbursable at all times**, including in case of refusal or cancellation of your application. (Section 12 of the *Regulation under the Private Security Act*)

Pricing effective from January 1, 2023

<input checked="" type="checkbox"/> Immediate Superior Agent Licence (without right to practice)	\$ 64,50
<input checked="" type="checkbox"/> Verification of conditions (Non-refundable if application is cancelled or refused).	\$ 111,00
Total amount to pay :	\$ 175,50

METHODS OF PAYMENT

Select a method of payment for this transaction:

Payment card:

<input type="checkbox"/> Mastercard	<input type="checkbox"/> Mastercard Prepaid	<input type="checkbox"/> American Express
<input type="checkbox"/> Visa	<input type="checkbox"/> Visa Prepaid	<input type="checkbox"/> Visa Debit

Card number **Exp (MM/YY)** **N° CVV2***

*N° CVV2: Security number of 3 or 4 digits on the back of your credit card.

Card holder's surname	Card holder's first name
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AUTHORIZATION - I authorize the Bureau de la sécurité privée to charge on my card the required amount for the processing of this application.

Date

Card holder's signature Telephone

Interac e-Transfer (Recipient: Bureau de la sécurité privée, Email: comptabilite@bspquebec.ca, Security Question: reason for payment, Security Answer: permis, Reason: your BSP file number)

Cheque payable to the Bureau de la sécurité privée
(mail-in application only - no post-dated cheques accepted)

Bank or postal money order payable to the Bureau de la sécurité privée
(mail-in application only)



APPENDIX 1 EMPLOYER 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 they are 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, they must be issued an agent licence in the appropriate class, under penal sanctions both for that person and or their employer.

In witness where of, I have signed on

Y	Y	Y	Y	M	M	D	D
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Signature of the person identified in section II