

AGENT LICENCE APPLICATION (REGULAR)

To file your application

Online

This application can be filed **directly online via an interactive form**, a fast, secure, and user-friendly solution for filing your licence application.

To get started, **CLICK HERE**, or go to **bspquebec.ca**, Apply Online section.

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 must 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 K) 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 L.
- The information written must be neat, legible and in block letters.

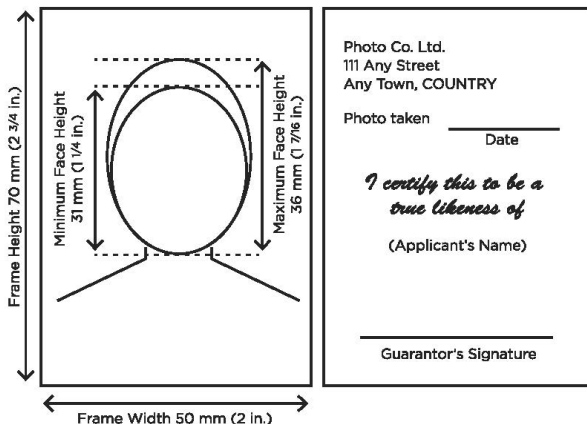
DOCUMENT CHECKLIST

The licence application must include **all** of the following documents:

- Original** and **complete** agent licence application form, duly **filled out**, **dated** and **signed**.
- Payment of fees, **which are non-reimbursable** (see Section M for methods of payment).
- A copy of both sides of two (2) different valid pieces of identification from the lists below to meet the following conditions:**

| CONDITIONS | ADMISSIBLE DOCUMENTS |
|--|---|
| <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 Canadian 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 L. Example*:



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.

*Does not correspond to actual size - Please refer to the indicated measures.

- Documents** certifying that you meet all **training and/or equivalence** requirements, if applicable (for example: diplomas, transcripts, proof from your current and former employer(s) describing the main duties performed as well as the years of continuous service and the number of hours worked annually).
- Security guarding application:** a legible copy of your valid workplace first aid card (CNESST training - 16 h).

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

FORM - AGENT LICENCE APPLICATION

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 | SAAG 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

Please check the statement that applies to you:

- I am a Canadian citizen.
- I am registered on the Indian register under the Indian Act.
- I am a permanent resident.
- I have a work permit in Canada, valid until (enter the expiry date here) : _____ .

SECTION D: LICENCE(S) FOR WHICH THE APPLICATION IS FILED

Class(es) for which this application is filed: (Check all boxes that apply)

- Security guarding Locksmith work Transport of valuables
- Investigation Electronic security systems* Security consulting

*Please note that the Electronic security systems agent licence includes automatically the subcategories of installing, repairing and maintaining; continuous remote monitoring; and technical consulting.

SECTION E: DECLARATION RELATIVE TO JUDICIAL OR DISCIPLINARY HISTORY

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 *Private Security Act*?

- No Yes, specify: _____

Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the *Private Security Act*?

- No Yes, specify: _____

SECTION F: TRAINING (Check the boxes that apply to the class(es) of licence for which the application is filed).

SECURITY GUARDING

- I successfully completed the training required as per the Regulation on Training, namely the Private Security Guarding program (minimum of 70 hours) from a School service centre or a training body recognized by the Minister of Public Security – **Enclose your certificate of achievement and a legible copy of your valid workplace first aid card (CNESST training – 16 h).**
- I have not taken the training required as per the Regulation on Training, but wish to have my level of knowledge and skills evaluated by the BSP – **See Section G.**

INVESTIGATION

- I successfully completed the training required as per the Regulation on Training, namely the “Initiation aux techniques d’enquête et d’investigation” course (135 hours) from a college level institution – **Enclose your certificate of achievement.**
- I hold a diploma of college studies in Police Technology, obtained within the past five (5) years – **Enclose a copy of the diploma and official transcript issued by your institution.**
- I hold a bachelor degree in Security and Police Studies, obtained within the past five (5) years – **Enclose a copy of the diploma and official transcript issued by your institution.**
- I have not taken the training required as per the Regulation on Training, or I completed it more than five (5) years ago, but I wish to have my level of knowledge and skills evaluated by the BSP – **See Section G.**

LOCKSMITH WORK

- I successfully completed the training required as per the Regulation on Training, namely the diploma of vocational studies in locksmithing – **Enclose a copy of the diploma and official transcript issued by your institution.**
- I have not taken the training required as per the Regulation on Training, but wish to have my level of knowledge and skills evaluated by the BSP – **See Section G.**

TRANSPORT OF VALUABLES

- I successfully completed the training required as per the Regulation on Training, namely the “Handling of firearms and the use of force” training provided by the École nationale de police du Québec or one of its accredited instructor – **Enclose your certificate of achievement.**
- I hold a valid authorization to carry firearms (ATC) – **Enclose a legible copy of your authorization to carry firearms.**

SECURITY CONSULTING

- Enclose **any relevant proof** of training courses or professional experiences, certified by third parties, showing your competencies and skills in the provision of consulting services on methods of protection against theft, intrusion or vandalism, particularly by developing plans or specifications, or presenting private security projects.

SECTION G: EQUIVALENCE OF KNOWLEDGE AND SKILLS

In order for the BSP to be able to evaluate your level of knowledge and skills, please enclose **certifications from current and former employers**, confirming the positions held and including a detailed description of your duties, as well as the number of years of experience and number of hours worked annually, or a record of the hours worked issued by the Parity Committee for Security Guards. Furthermore, you may provide certificates of achievement for training courses or internships in relevant or related fields, showing the nature and content of the courses taken as well as the grades received (transcript in support). **For security guarding:** enclose a legible copy of your **valid workplace first aid card (CNESST training – 16 h).**

RELEVANT OR RELATED TRAINING (Enclose diplomas and official transcripts, etc.).

Not applicable

Name of the institution

Name of the training program

Date of diploma

Number of hours of training: _____ hours

Type of diploma (AEC, DEP, etc.)

RELEVANT EXPERIENCE (Enclose job certifications, or a record from the Parity Committee).

Not applicable

Number of years of experience in the field of private security: _____

| SECTION H: 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) | | | | <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 | |
| *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 I: 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 | |
| *This employment may be incompatible with holding an agent licence in private security. For any information on this subject, contact our Information Department. | | | | | |

| SECTION J: 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 the Protection of personal Information</i>, or with the consent of the person to whom the information relates.</p> |

SECTION K: 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.**

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 contact my current and former employers, the Parity Committee for security guards and the training institutions or enterprises I attended, to corroborate the information I provided in support of my application for a licence regarding my work experiences and trainings, and to obtain additional information or documents from such persons, if needed.

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 agent licence 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



SECTION L: RESPONDENT

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

- Fill out subsections L.1, L.2, L.3 and L.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.

L.1: APPLICANT IDENTIFICATION

| | |
|---------|------------|
| Surname | First name |
|---------|------------|

L.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 | |

L.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.

L.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 L.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 L.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 M: PAYMENT SHEET

| | |
|-------------------|----------------------|
| Applicant surname | Applicant first name |
|-------------------|----------------------|

Is this agent licence application accompanied by an agency licence application?

No

Yes, name of agency: _____

PAYABLE FEES (NON-REIMBURSABLE)

Check the class for which the application is filed, and indicate the corresponding amounts on the line on the right. Add all amounts, including the Verification of conditions, and write the total amount next to "Total amount to pay".

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 type="checkbox"/> Security guarding | \$64.50 | | \$ _____ |
| <input type="checkbox"/> Investigation | \$64.50 | + | \$ _____ |
| <input type="checkbox"/> Locksmith work | \$64.50 | + | \$ _____ |
| <input type="checkbox"/> Electronic security systems | \$64.50 | + | \$ _____ |
| <input type="checkbox"/> Transport of valuables | \$64.50 | + | \$ _____ |
| <input type="checkbox"/> Security consulting | \$64.50 | + | \$ _____ |
| <input checked="" type="checkbox"/> Verification of conditions | \$111.00 | + | \$111.00 |
| Total amount to pay: | | | \$ |

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 |
|------------------------------|---------------------------------|

AUTHORIZATION – I authorize the Bureau de la sécurité privée to charge on my card the required amount for the processing of this application.

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

_____ **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:** Name, First name, Date of Birth (YYYY/MM/DD), Email and Phone)

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)