

TEMPORARY AGENT LICENCE APPLICATION

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 of age (except if the temporary licence application is filed while the applicant is receiving a training that may qualify a person for the issuance of an agent licence, in particular during a traineeship).
- The applicant 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 J) 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 K.
- The information written must be neat, legible and in block letters.

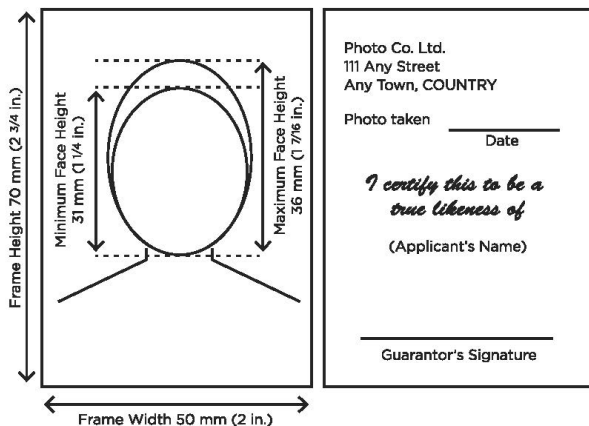
DOCUMENT CHECKLIST

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

- Original** and **complete** temporary agent licence application form, duly **filled out**, **dated** and **signed**.
- Payment of fees, **which are non-reimbursable** (see Section L 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 K. 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 supporting your temporary licence application as described in Section F**, according to the purpose for which the temporary licence application is filed.

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

FORM – TEMPORARY 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	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

Please check the statement that applies to you:

- I am a Canadian citizen.
- I am registered in 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: 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 E: TEMPORARY LICENCE FOR WHICH THE APPLICATION IS FILED

Class for which the application is filed:

Security guarding Investigation Locksmith work Transport of valuables

Purpose of the temporary licence application:

- For training purposes (traineeship or work-study program) (complete Section F.1)
- For the special needs of an investigation (complete Section F.2)
- For the needs of temporary labour on a special event (complete Section F.3)

Requested validity period*: From Y | Y | Y | Y | M | M | D | D to Y | Y | Y | Y | M | M | D | D

* Cannot exceed 120 days.

SECTION F: PURPOSE FOR WHICH THE TEMPORARY LICENCE APPLICATION IS FILED (Fill out the subsection that applies).

F.1 FOR TRAINING PURPOSES

(Leading to qualification for the issuance of a regular agent licence, including traineeships).

Name of the training body

Employer where the traineeship /on the job portion will take place

Organisation phone number

YOU MUST ENCLOSE, AS APPLICABLE:

TRAINEESHIP

- Appendix 1 - Employer's Declaration - Traineeship in Private Security.
- Proof of registration for a training program which may qualify you to obtain a regular agent licence of this class.

WORK-STUDY PROGRAM

- Appendix 2 - Employer's Declaration - Work-Study Program.
- Proof of registration and payment :
 - Of training which may qualify you to obtain a regular agent licence of this class; and
 - For security guarding only: also provide proof of registration and payment for a CNESST workplace first aid course - if the latter is not included in the security guarding training.

TRANSPORT OF VALUABLES

- A declaration from the employer where you will take the mandatory training in Transport of valuables, specifying the start and end dates of the training, as well as the name of the instructor(s) qualified by the École nationale de police du Québec who will provide this training.

F.2 FOR THE SPECIAL NEEDS OF AN INVESTIGATION

(In particular to act as an undercover agent or double agent).

Employer's name

Phone number

Ext.

YOU MUST ENCLOSE:

- Appendix 3 - Employer's Declaration - Special needs of an investigation

F.3 FOR THE NEEDS OF A TEMPORARY LABOUR ON A SPECIAL EVENT

(Such as sports or cultural activities, a labor dispute or a disaster)

Employer's name

Phone number

Ext.

YOU MUST ENCLOSE:

- Appendix 4 - Employer's Declaration - Special Event

SECTION G: 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 H: 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 Service.							

SECTION I: 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 J: 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.

I understand that this licence is issued solely for the purpose specified in Section F and **I undertake to notify the Bureau de la sécurité privée immediately if I cease to perform the specific activity** for which I was issued a temporary licence before it expires.

I understand that a regular agent licence holder of the same category shall supervise me at all times in the performance of my duties.

I authorize the Bureau de la sécurité privée to corroborate with my employer or my training institution, if applicable, any information related to the documents I provided in support of my temporary licence application, and I authorize the Bureau to obtain any additional information or documents from such persons, if needed.

I understand that I shall pay annual fees if I renew a temporary licence for a period exceeding one (1) year.

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 the competent authorities to corroborate the information I provided in support of my application for a licence regarding my status in Canada, and to obtain additional information or documents from them, if needed.

I solemnly declare that I am the applicant for this temporary 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
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SIGN WITHIN THE BORDERS OF THE SIGNATURE BOX



SECTION K: RESPONDENT

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

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

K.1: APPLICANT IDENTIFICATION

Surname	First name
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K.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	

K.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.

K.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 K.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 K.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 |

Respondant's signature

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



SECTION L: PAYMENT SHEET

Applicant surname	Applicant first name
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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 <u>January 1, 2023</u>		
<input type="checkbox"/> Security guarding	\$64.50		\$ _____
<input type="checkbox"/> Investigation	\$64.50	+	\$ _____
<input type="checkbox"/> Locksmith work	\$64.50	+	\$ _____
<input type="checkbox"/> Transport of valuables	\$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:

Mastercard

Mastercard Prepaid

American Express

Visa

Visa Prepaid

Visa Debit

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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.

<p style="text-align: center;">Card holder's signature</p>	<p>Date <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table></p> <p style="text-align: center;">Telephone <input style="width: 150px;" type="text"/></p>										

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)



**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 category. 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)

Supervisor's name: _____ (Supervisor's first name and surname)

Supervisor's regular agent licence number: _____

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 constant supervision of a holder of a regular agent licence of the same category 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 private security training program followed as Work-Study Program in order to enable them to practice, under supervision, private security activities along with the acquisition of theoretical knowledge that may qualify them for the issue of a regular agent licence in this category. 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 in their service and under their constant supervision, private security activities of the Temporary Licence category, 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 category.

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 constant supervision of a holder of a regular agent licence of the same category as that of the Temporary Licence (s. 19 Regulation under the PSA), namely:

Supervisor's name: _____ (Supervisor's first name and surname)

Supervisor's regular agent licence number: _____

- 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).

If the requested temporary licence for Work-Study Program is in the security guarding class, the employer understands that no temporary licence issued for this purpose will be renewed by the Bureau upon its expiry, on the understanding that its validity period of 120 days, as set out in section 22 of the Private Security Act, is sufficient to complete the 70-hour training already started by the Applicant.

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 class (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 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) *

Supervisor's name: _____ (Supervisor's first name and surname)

Supervisor's Investigation regular agent licence number: _____

*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 constant 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):

Event's name or description: _____

Event's location: _____

Start date: _____ (YYYY/MM/DD)

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

Supervisor's name: _____ (Supervisor's first name and surname)

Supervisor's regular agent licence number: _____

*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 constant supervision of a holder of a regular agent licence of the same category 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