

CANCELLATION OF LICENCE APPLICATION (AGENT)

To file your application

Online at bspquebec.ca - My account (registration required)

This completed form can be securely filed through the service of [My Account](#) in the **File deposit section**.

By mail to the following address:

1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

SECTION A – CONSENT REGARDING PERSONAL INFORMATION

A.1 DECLARATION OF THE BUREAU DE LA SÉCURITÉ PRIVÉE

Who collects your personal information? The collection of your personal information by this form is done by or on behalf of the Bureau de la sécurité privée (« BSP »).

For what purposes? To identify you, to communicate with you, to process the request you make by this form including any transaction included in this request, to ensure the application of the Private Security Act (CQLR, c. S-3.5) (« PSA ») and its regulations, and to satisfy all obligations and exercise all rights granted to the BSP by law.

Is it mandatory? Your personal information collected by this form is mandatory and failure to provide it may result in the ineligibility or refusal of your application.

What are your rights? The *Act respecting access to documents held by public bodies and the protection of personal information* (CQLR, c. A-2.1) (« Access Act ») grants you the right to access, rectify and withdraw your consent regarding your personal information held by the BSP. In addition, please note that the withdrawal of a consent for mandatory information will jeopardize the validity of any licence held by an individual. For more information, visit the Access to information page at bspquebec.ca.

To whom your personal information is disclosed? Your personal information may be disclosed to:

- the BSP's employees who need access to such personal information in the performance of their duties;
- any other person or entity authorized to receive such communication with your consent or under the law, including the Access Act and the PSA.

What means are used to collect personal information? This form can be submitted online through a secure download account offered by the third party «tresorit» whose link is accessible via the BSP's website in the My Account section. The use of the services of this third party is for the sole purpose of facilitating the collection through technological means. In addition, it is always possible to use the modes of transmission by mail or in person directly at the BSP.

To consult the **Privacy policy** of the BSP, visit the bspquebec.ca.

A.2 CONSENT OF THE APPLICANT

Surname

First name

I declare that I have read and understood the declaration of the Bureau de la sécurité privée in section A.1 above.

I consent to the BSP collecting, using, disclosing, retaining, protecting, destroying and/or anonymizing my personal information in accordance with this declaration.

In witness whereof I, have signed on:

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

Applicant handwritten signature

SECTION B: 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 (No. and street)						Apt.	
City				Province		Postal code 	
Cell phone		Other phone number			Ext.		
E-mail address							

SECTION C: REQUEST FOR CANCELLATION OF APPLICATION

I hereby request of the Bureau de la sécurité privée to cancel my licence application for the following class(es):

- | | | |
|--|--|---|
| <input type="checkbox"/> Security guarding | <input type="checkbox"/> Locksmith work | <input type="checkbox"/> Transport of valuables |
| <input type="checkbox"/> Investigation | <input type="checkbox"/> Electronic security systems | <input type="checkbox"/> Security consulting |

Reasons for cancellation:

SECTION D: APPLICANT DECLARATION

I understand that the analysis of my application will cease without a decision being made by the Bureau, and that, as stipulated in Section 12 of the *Regulation under the Private Security Act*, **no fees will be reimbursed** to me in relation to this application cancelled.

I also understand that pursuant to Section 16 of the *Private Security Act*, any person engaging in a private security activity must hold an agent licence for the class corresponding to that activity, under penalty of penal sanctions as provided for by the Act.

I declare that all the information provided herein is accurate and complete.

In witness whereof, I have signed : _____ Date Y | Y | Y | Y | M | M | D | D

Applicant handwritten signature