

## REQUEST FOR PUBLICATION

### To submit your request

Online at [bspquebec.ca](http://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 or in person** to the following address:

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

This form is intended for licence holders who benefit from an exemption from publication in the Register of Licence Holders under section 81 of the *Private Security Act* (CQLR, c. S-3.5) and who wish to make public the information concerning the validity of their licence, with regard to private security agencies, or to the public in general.

## 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](http://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 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](http://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: AGENT IDENTIFICATION

<b>Surname</b>		<b>First name</b>	
<b>Date of birth</b> Y   Y   Y   Y   M   M   D   D	<b>Mother's maiden name</b>		
<b>Address</b> (No. and street)			<b>Apt.</b>
<b>City</b>	<b>Province</b>		<b>Postal code</b> 
<b>Cell phone</b>	<b>Other phone number</b>	<b>Ext.</b>	
<b>E-mail address</b>			

## SECTION C: REQUEST FOR PUBLICATION (Choose option 1 and/or 2 and identify the class(es) targeted for each case)

I am hereby asking the Bureau de la sécurité privée to make available:

### 1 - Audit tool exclusively offered to private security agencies

to private security agencies, through the audit tool provided to them, the verification of the validity of my agent licence(s) in 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    |

### 2 - Public Register of Licence Holders

to anyone, through the public Register of Licence Holders available on the BSP Website, the verification of my employer(s) information and regarding my agent licence(s) in 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    |

## SECTION D: APPLICANT DECLARATION

By choosing Option 1 in Section C, I understand that the BSP will make available the validity information of my licence(s) through this audit tool only to private security agencies that know my licence number.

By choosing Option 2 in Section C, I understand that the BSP will make available to everyone (i.e. the general public, agencies and employers) through the online register available on the BSP website, information about my employers and my agent licence(s).

I declare that all the information provided in this form is accurate and complete and that any change modifying that information will immediately be communicated to the Bureau de la sécurité privée.

**In witness whereof, I have signed:** \_\_\_\_\_ Date 

Y	Y	Y	Y	M	M	D	D
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Applicant handwritten signature