

AGENT LICENCE APPLICATION (REGULAR)

NOTE: This application can be filed directly online through the [interactive form](#).

Visit bspquebec.ca, Apply Online section.

To file your application

By mail 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 right to work in Canada.
- You must fill out and send **all pages** of the form.
- 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).
- ☐ **Section A "Consent regarding personal information"** duly **signed** and **dated**.
- ☐ **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).

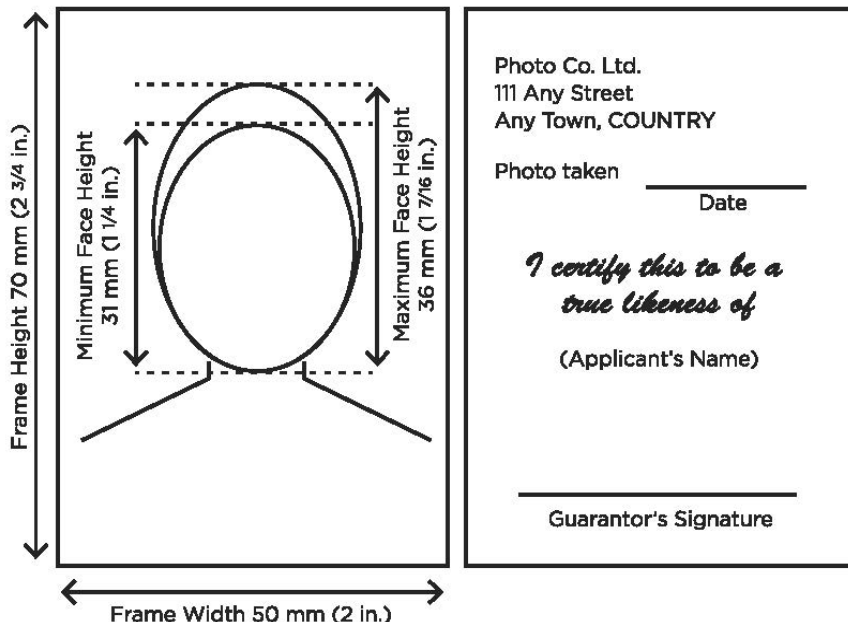
DOCUMENT CHECKLIST (continued)

- ☐ 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
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.	Your valid driver licence in Canada (preferred, if you hold one); Or, if not, choose a document from List 1 below: <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>
Condition 2: Document evidencing that you have Canadian citizenship, permanent resident status or a right to work in Canada issued by the competent Canadian immigration authorities.	Choose a document from List 2 below (must be different from the one chosen above): <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; • valid study permit with a right to work in Canada; • another document evidencing your valid right to work 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*:



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

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 – AGENT LICENCE APPLICATION

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;
- the Sûreté du Québec, or any other police force, to verify that the conditions set out in paragraphs 2 and 3 of section 19 of the PSA, as well as the condition set out in paragraph 2 of section 12.1 of the Regulation under the Private Security Act (r.1) have been met;
- your previous and current employers, the Parity committee of security guards and the training institutions or bodies you have attended, including the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST), and to the relevant government authorities in relation to your citizenship or immigration to corroborate the truthfulness or accuracy of the documents or information provided as part of your application, as applicable;
- 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 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	
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			

SECTION C: APPLICANT HOME ADDRESS

Number	Street		Apt.
City		Province	Postal code
Cell phone	Other phone number	Ext.	
E-mail address			

SECTION D: CANADIAN CITIZENSHIP, PERMANENT RESIDENCE OR RIGHT TO WORK

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 in Canada.
- ☐ I have a work permit in Canada, valid until (expiryYYYY/MM/DD): _____ .
- ☐ I have a study permit, including a right to work in Canada, valid until (expiryYYYY/MM/DD): _____ .
- ☐ I have another valid right to work in Canada.

SECTION E: LICENCE CLASS(ES) FOR WHICH THE APPLICATION IS FILED

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

- | | | |
|--|--|---|
| <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 F: DECLARATION RELATIVE TO JUDICIAL HISTORY

Regardless of the period of time that has elapsed since, and unless you have obtained a pardon, have you been found guilty by a court, in Canada or elsewhere, of a criminal offence or have you pleaded guilty to such an offence?

☐ No ☐ Yes, specify: _____

Are you currently facing any criminal or penal charge(s)?

☐ No ☐ Yes, specify: _____

SECTION G: TRAINING (Check the boxes that apply to the licences class(es) 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 school board 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 H: 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

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

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 I: CURRENT JOB* IN PRIVATE SECURITY						<input type="checkbox"/> Not applicable	
Employer name							
Address (No. and street)						Suite	
City				Province		Postal code	
Phone number		Ext.		Employer e-mail address			
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 (No. and street)						Suite	
City				Province		Postal code	
Phone number		Ext.		Employer e-mail address			
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 J: 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 K: APPLICANT DECLARATION

NOTICE - Any false or misleading declaration with respect to this form or any supporting document to this application, including the concealment 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, namely:

- Pay the required annual fees failing which, my licence could be suspended or revoked;
- Inform the Bureau without delay of any change that may affect the validity of my licence, such as any change of address or status in Canada, any arrest, accusation or guilt of a penal or criminal offence, any employment in a police force, etc.;
- Inform the Bureau of any change of employer within 30 days;
- Inform the Bureau in writing should I cease my private security activities;
- Comply at all times with the standards of conduct prescribed by the regulation.

I declare that the photos enclosed hereto were taken during the last (6) months and reflect my actual physical appearance.

I solemnly declare that I am the applicant of 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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SIGN WITHIN THE BORDERS OF THE SIGNATURE BOX

Void if signature touches border



HANDWRITTEN SIGNATURE REQUIRED





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
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L.2: RESPONDENT IDENTIFICATION

Surname	First name
Occupation	Professional number (if applicable)
Address (No. and street)	Suite/Apt.
City	Province
Cell number	Other phone number
E-mail address	Ext.
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
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Respondent handwritten signature

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



SECTION M: PAYMENT SHEET

Applicant surname

Applicant first name

Is this agent licence application filed along with 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, 2024

<input type="checkbox"/> Security guarding	\$66.50	\$ _____
<input type="checkbox"/> Investigation	\$66.50	+ \$ _____
<input type="checkbox"/> Locksmith work	\$66.50	+ \$ _____
<input type="checkbox"/> Electronic security systems	\$66.50	+ \$ _____
<input type="checkbox"/> Transport of valuables	\$66.50	+ \$ _____
<input type="checkbox"/> Security consulting	\$66.50	+ \$ _____
<input checked="" type="checkbox"/> Verification of conditions	\$114.00	+ \$114.00

Total amount to pay:

\$

METHODS OF PAYMENT (No payment in cash.)

☐ **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)

☐ **Payment card** ☐ Mastercard ☐ Mastercard prepaid ☐ American Express
☐ Visa ☐ Visa prepaid ☐ Visa Debit

Card number

Exp (MM/YY)

N° CVV2* number on the back of your card.

Card holder's surname

Card holder's first name

CONSENT AND AUTHORIZATION OF THE CARD HOLDER: I understand that the BSP collects my card payment information to carry out the transaction required to file this application and I understand that I have the right to access, rectify and withdraw my consent regarding this information which will be held by the Bureau. I also understand that this information may be communicated only to employees for whom it is necessary to access it in the exercise of their duties and to any person who with your authorization or in compliance with the law, such as any payment intermediary in order to carry out this transaction. Finally, I understand that the transmission of this information is not mandatory since several other payment methods are available. I declare that I consent to the Bureau collecting, using, communicating, storing for the necessary period, protecting, and destroying this personal information concerning me in accordance with this declaration.

Date Y Y Y Y M M D D

Card holder's signature

Telephone