

## TEMPORARY AGENT LICENCE APPLICATION

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

Visit [bspquebec.ca](https://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 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 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** 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).
- ☐ **Section A "Consent regarding personal information"** duly **signed** and **dated**.
- ☐ **Documents supporting your temporary licence application as described in Section G**, according to the purpose for which the temporary licence application is filed.

## 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
<b>Condition 1:</b> 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 <b>valid driver licence in Canada</b> (preferred, if you hold one); <b>Or, if not, choose a document from List 1 below:</b> <ul style="list-style-type: none"> <li>• valid health insurance card;</li> <li>• valid passport;</li> <li>• certificate of Indian status;</li> <li>• any other valid piece of identification issued by a Canadian or foreign government including your name, photo, signature and date of birth*.</li> </ul> <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>
<b>Condition 2:</b> Document evidencing that you have Canadian citizenship, permanent resident status or a right to work in Canada issued by the competent Canadian immigration authorities.	<b>Choose a document from List 2 below (must be different from the one chosen above):</b> <ul style="list-style-type: none"> <li>• birth certificate from a Canadian province or territory;</li> <li>• valid Canadian passport;</li> <li>• Canadian citizenship certificate;</li> <li>• Canadian citizenship card (card with photo);</li> <li>• certificate of Indian status;</li> <li>• permanent resident card or Confirmation of Permanent Residence;</li> <li>• valid work permit in Canada;</li> <li>• valid study permit with a right to work in Canada;</li> <li>• another document evidencing your valid right to work in Canada.</li> </ul>

- ☐ **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\*:**

<p>Frame Height 70 mm (2 3/4 in.)</p> <p>Minimum Face Height 31 mm (1 1/4 in.)</p> <p>Maximum Face Height 36 mm (1 7/16 in.)</p> <p>Frame Width 50 mm (2 in.)</p>	<p>Photo Co. Ltd. 111 Any Street Any Town, COUNTRY</p> <p>Photo taken _____ Date _____</p> <p><i>I certify this to be a true likeness of</i></p> <p>(Applicant's Name)</p> <p>_____ Guarantor's Signature</p>
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### 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.

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

## FORM – TEMPORARY 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](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;
- 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](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: 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 (expiry YYYY/MM/DD): \_\_\_\_\_.
- ☐ I have a study permit, including a right to work in Canada, valid until (expiry YYYY/MM/DD): \_\_\_\_\_.
- ☐ I have another valid right to work in Canada

**SECTION E: 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 F: 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 G.1) For the
- ☐ special needs of an investigation (complete Section G.2)
- ☐ For the needs of temporary labour on a special event (complete Section G.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 G: PURPOSE FOR WHICH THE TEMPORARY LICENCE APPLICATION IS FILED (Fill out the subsection that applies).

### G.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

Employer phone number

Ext.

### YOU MUST ENCLOSE, AS APPLICABLE:

#### TRAINEESHIP

- ☐ Appendix 1 - Employer 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 (locksmith work or security guarding only)

- ☐ Appendix 2 - Employer Declaration - Work-Study Program.
- ☐ Proof of registration and payment :
- ☐ Of training which may qualify you to obtain a regular agent licence in locksmith work or security guarding, as the case may be, indicating the start date of the training, **which cannot exceed 30 days from the issuance of the licence, as applicable.**
- ☐ **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.
- ☐ **For security guarding only:** Appendix 2.1 - Supplement to Applicant Declaration - Work-Study Program.

#### 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.

### G.2 FOR THE SPECIAL NEEDS OF AN INVESTIGATION

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

Employer name

Phone number

Ext.

### YOU MUST ENCLOSE:

- ☐ Appendix 3 - Employer Declaration - Special needs of an investigation

### G.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 name

Phone number

Ext.

### YOU MUST ENCLOSE:

- ☐ Appendix 4 - Employer Declaration - Special Event

SECTION H: 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	
<p>*It is <b>mandatory to declare any employer</b> 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.</p>						

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	
<p>*This employment may be incompatible with holding an agent licence in private security. For any information on this subject, contact our Information Service.</p>					

## SECTION J : 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:

- Not engage in any private security activity other than for the purpose specified in Section G;
- Remain at all times under the responsibility of the employer who provided a declaration in support of my application;
- Remain under the active and continuous supervision of a regular agent licence holder of the same class as the one that would be issued to me;
- 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, or guilt of a penal or criminal offence, any employment in a police force, etc.;
- Comply at all time with the standards of conduct prescribed by the regulation.

**I undertake to notify the Bureau de la sécurité privée in writing immediately if I cease to perform the specific activity** for which I would be issued a temporary licence before it expires;

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

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

**SIGN WITHIN THE BORDERS OF THE SIGNATURE BOX**

Void if signature touches border

**HANDWRITTEN SIGNATURE REQUIRED**







## 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 (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
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Respondant handwritten signature

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



## SECTION L: PAYMENT SHEET

Applicant surname

Applicant first name

### 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"/> Transport of valuables	\$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**

<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\* 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 

Card holder's signature

Telephone



**TRAINEESHIP IN PRIVATE SECURITY**(Section 17(1) of the *Regulation under the Private Security Act* (CQLR, c. S-3.5, r.1))**EMPLOYER 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 class. 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)

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 active and continuous supervision of a holder of a regular agent licence of the same class 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 REPRESENTATIVE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
First name and surname (please print)

\_\_\_\_\_  
Phone number (day)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email address

(Section 17(1) of the *Regulation under the Private Security Act* (CQLR, c. S-3.5, r.1))**EMPLOYER 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 locksmith or security guarding training program followed as Work-Study Program in order to enable them to practice, under supervision, locksmith work or security guarding activities along with the acquisition of theoretical knowledge that may qualify them for the issue of a regular agent licence in this class. 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 active and continuous supervision, private security activities of the Temporary Licence class, 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 class.

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 active and continuous supervision of a holder of a regular agent licence of the same class as that of the Temporary Licence (s. 19 Regulation under the PSA);
- 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, nor issued again in a subsequent application, 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 REPRESENTATIVE**\_\_\_\_\_  
Signature\_\_\_\_\_  
Date (YYYY/MM/DD)\_\_\_\_\_  
First name and surname (please print)\_\_\_\_\_  
Phone number (day)\_\_\_\_\_  
Title\_\_\_\_\_  
Email address

(Section 17(1) of the *Regulation under the Private Security Act* (CQLR, c. S-3.5, r.1))

**SUPPLEMENT TO APPLICANT DECLARATION – WORK-STUDY PROGRAM**

**INSTRUCTIONS: All fields** in this appendix **must be filled out** by 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 active and continuous supervision, private security activities along with the acquisition of theoretical knowledge that may qualify them for the issuance of a regular agent licence in this class. Missing information will cause additional delays in processing and could lead to the refusal of the applicant's licence application.

I, \_\_\_\_\_ (Applicant first name and surname), born on \_\_\_\_\_ (YYYY/MM/DD) declare the following, in addition to the Applicant's Declaration included in the temporary agent licence application form, by which I apply for the issuance of a temporary agent licence to receive the mandatory training in a work-study program:

- I understand that the temporary licence I wish to obtain can only be issued **while I am receiving training** that may qualify me for the issuance of a regular agent licence of the same class (a "Training"), under Section 17 (1) of the Regulation under the Private Security Act;
- I undertake, in order to comply with this condition, to **begin the Training** for which I have submitted proof of registration and payment in support of my application **no later than 30 days following the issuance of a temporary agent licence**, as applicable;
- Should I fail to begin said Training on the scheduled date or no later than 30 days following the issuance of said temporary agent licence, I undertake to notify the Bureau and to cease the exercise of any private security activity;
- I understand that the Bureau reserves the right to verify that I am receiving the said Training;
- I understand that, in the event of non-compliance with the condition of receiving the Training, and of my commitment in this regard, the Bureau may revoke the temporary agent licence that would be issued to me to receive mandatory training in a work-study program, pursuant to Section 30 (1) of the Private Security Act.

In witness whereof I have signed on \_\_\_\_\_ (YYYY/MM/JJ)

\_\_\_\_\_  
**Applicant handwritten signature**

**SPECIAL NEEDS OF AN INVESTIGATION**(Section 17(2) of the *Regulation under the Private Security Act* (CQLR, c. S-3.5, r.1))**EMPLOYER 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) \*

\*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 active and continuous 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 REPRESENTATIVE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
First name and 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 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 and signed by the authorized employer's representative):

**Event name or description:** \_\_\_\_\_

**Event location:** \_\_\_\_\_

**Start date:** \_\_\_\_\_ (YYYY/MM/DD)

**End date:** \_\_\_\_\_ (YYYY/MM/DD) \*

\*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 active and continuous supervision of a holder of a regular agent licence of the same class as that of the Temporary Licence (s.19 Regulation under the PSA) and present at the event location;
- 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 REPRESENTATIVE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
First name and surname (please print)

\_\_\_\_\_  
Phone number (day)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email address