

## ADDITION OF LICENCE CLASS(ES) (AGENT)

### To file your application

Online at [bspquebec.ca](https://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.

## 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).

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

## FORM – ADDITION OF LICENCE CLASS(ES) (AGENT)

### 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 online through a secure download account offered by the third party «tresorit» whose link is accessible via the BSP's website in 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: 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: LICENCE(S) FOR WHICH THE APPLICATION IS FILED - NEW CLASS(ES)

Classes 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 D: CURRENT JOB\* IN PRIVATE SECURITY (Add an appendix if necessary).

☐ Not applicable

Employer name							
Address (No. and street)						Apt.	
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 E: TRAINING (Check the boxes that apply to the class(es) of licence 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 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 F.**

### 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 F.**

### 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 F.**

### 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 F: 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 traineeships 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 G: 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 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 H: 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, and write the total amount next to "Total amount to pay".

Note that the payable fees are **non-reimbursable at all times**, including in case of refusal or cancellation of your application. (Art.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	+	\$ _____

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: your BSP file number)

☐ **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