

AGENT LICENCE REPLACEMENT APPLICATION

For lost or stolen licences

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 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
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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

Surname				First name			
Date of birth		BSP File No. or Agent Licence No.					
Y	Y	Y	Y	M	M	D	D
Mother's maiden name							
Address (No. and street)						App.	
City				Province		Postal code	
Cell phone			Other phone number			Ext.	
E-mail address							

SECTION C: LICENCE(S) TO REPLACE (Check the class(es) for which the agent licence replacement application is filed).

<input type="checkbox"/> I hereby request the Bureau de la sécurité privée to replace my agent licence(s) for the following class(es):		
<input type="checkbox"/> Security guarding	<input type="checkbox"/> Investigation	<input type="checkbox"/> Electronic security systems
<input type="checkbox"/> Locksmith work	<input type="checkbox"/> Transport of valuables	<input type="checkbox"/> Security consulting
<input type="checkbox"/> I certified that this (these) licence(s) was (were):		
<input type="checkbox"/> Lost		<input type="checkbox"/> Stolen

SECTION D: APPLICANT DECLARATION

I declare that all the information provided in this form 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: _____ Date

Y	Y	Y	Y	M	M	D	D
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Applicant handwritten signature

SECTION E: PAYMENT SHEET

Agent surname

Agent first name

PAYABLE FEES (Pricing effective from January 1, 2024)

Indicate the quantity of licences to replace on the line on the right and multiply this number by the unit price to obtain the total amount to pay.

Licence replacement cost : \$29.25 + \$1.46 GST + \$2.92 QST = **\$33.63** (unit price)

X Qty _____

GST number (5 %): 817788656

QST number (9,975 %): 1216343481

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**

☐ 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

Card holder's signature

Telephone