

SECTION B: AGENT 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)			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).

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

I **certified** that this (these) licence(s) was (were):

<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen
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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 |

Applicant handwritten signature

SECTION E: PAYMENT SHEET

Agent surname	Agent first name
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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

<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 yourr card

Card holder's surname	Card holder's first name
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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