

TEMPORARY AGENT LICENCE RENEWAL

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.

IMPORTANT INFORMATION

This form is intended for holders of a **valid temporary agent licence** who need to renew their licence for the same purpose for which it was originally issued.

The temporary licence must be valid at the time of the renewal application. Should the applicant fail to file the renewal application before the expiry of the temporary licence, a new temporary agent licence application shall be filed, accompanied with all corresponding documents and fees.

For temporary agent licence holders in the investigation class: If you benefit from an **exemption from publication** on the Register of Licence Holders and you want your information to remain confidential when renewing your temporary licence, **you must request it to the Bureau**, using the form 194.011 - Application for an Exemption from Publication on the Register of Licence Holders.

FORM – TEMPORARY AGENT LICENCE RENEWAL

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 online through a secure download account offered by the third party «tresorit» whose link is accessible via the BSP's website in the 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

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 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: AGENT LICENCE RENEWAL REQUESTED

Temporary licence No.		Temporary licence class	
<p>DOCUMENTS TO PROVIDE, according to the reason why you are applying for a renewal of your temporary licence:</p> <p><input type="checkbox"/> To continue the same training, you must ENCLOSE:</p> <p>TRAINEESHIP: Appendix 1- Employer declaration - Traineeship in Private Security</p> <p>WORK-STUDY PROGRAM*: Appendix 2- Employer Declaration - Work-Study Program</p> <p>*No temporary licence in Security Guarding issued for this purpose will be renewed by the Bureau upon its expiry, on the understanding that its initial validity period of 120 days is sufficient to complete the 70-hour training already started by the Applicant.</p> <p><input type="checkbox"/> For the same special needs of the same investigation, you must ENCLOSE:</p> <p>Appendix 3- Employer Declaration - Special Needs of an Investigation</p> <p><input type="checkbox"/> For the needs of temporary labour for the same special event, you must ENCLOSE:</p> <p>Appendix 4 - Employer Declaration - Special Event</p> <p>Renewal period requested**</p> <p>From: _____ (YYYY/MM/DD) to _____ (YYYY/MM/DD)</p> <p>** Cannot exceed 120 days.</p>			

SECTION D: OTHER JOB* IN PRIVATE SECURITY

(Add an appendix if necessary).

☐ 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 or fines

SECTION E: 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 if this renewal is extending the validity period of my temporary licence over one year of its issuance or of the last payment of annual fees;
- Not engage in any private security activity other than for the purpose specified in Section C;
- 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 licence holder of the same class as the one 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 was issued a temporary licence before it expires;

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
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SIGN WITHIN THE BORDERS OF THE SIGNATURE BOX

Void if signature touches border

HANDWRITTEN SIGNATURE REQUIRED

Void if signature touches border

Signature

SIGNATURE

Void if signature touches border

Signature

SIGNATURE

Applicant first name



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 et 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 training program followed as Work-Study Program in order to enable them to practice, under supervision, locksmith work 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.

The employer _____ (name of employer), located at _____ (employer's address) (« **Employer** ») supports the temporary agent licence application in locksmith work (« **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).

AUTHORIZED EMPLOYER REPRESENTATIVE_____
Signature_____
Date (YYYY/MM/DD)_____
First name et surname (please print)_____
Phone number (day)_____
Title_____
Email address

**EMPLOYER DECLARATION
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 (« **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 et 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 et surname (please print)

Phone number (day)

Title

Email address