

ADDITION OF A TEMPORARY AGENT LICENCE

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.

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 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 G for methods of payment).
- ☐ **Section A "Consent regarding personal information"** duly **signed** and **dated**.
- ☐ **Documents supporting your temporary licence application as described in Section E**, according to the purpose for which the temporary licence application is filed.

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

FORM – ADDITION OF TEMPORARY AGENT LICENCE

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 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

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: TEMPORARY AGENT 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 E.1)
☐ For the special needs of an investigation (complete Section E.2)
☐ For the needs of temporary labour on a special event (complete Section E.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 D: OTHER JOB IN PRIVATE SECURITY (Add an appendix if necessary)

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 of fines.			

SECTION E: PURPOSE FOR WHICH THE TEMPORARY LICENCE APPLICATION IS FILED (Fill out the subsection that applies).

E.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.

E.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

E.3 FOR THE NEEDS OF A TEMPORARY LABOUR ON A SPECIAL EVENT

(Such as sports or cultural activities, a labour dispute or a disaster)

Employer name

Phone number

Ext.

YOU MUST ENCLOSE:

- ☐ **Appendix 4** - Employer Declaration - Special Event

SECTION F: 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 E;
- 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 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

HANDWRITTEN SIGNATURE REQUIRED



SECTION G: PAYMENT SHEET

Applicant surname

Applicant first name

PAYABLES FEES (NON REIMBURSABLE)

Check the temporary licence class for which the application is filed, add all amounts, and write the total 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. (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	+	\$ _____

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

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

EMPLOYER'S DECLARATION WORK-STUDY PROGRAM

(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 or security guarding 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 _____ (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 et surname (please print)

Phone number (day)

Title

Email address

APPENDIX 2.1

SUPPLEMENT TO APPLICANT DECLARATION

WORK-STUDY PROGRAM

(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's 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 (« **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