

## APPLICATION FOR AN IMMEDIATE SUPERIOR LICENCE (WITHOUT RIGHT TO PRACTICE)

### To file your application

**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 for an immediate superior agent licence (without right to practice) 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 J for methods of payment).
- ☐ **Section A "Consent regarding personal information"** duly **signed** and **dated**.

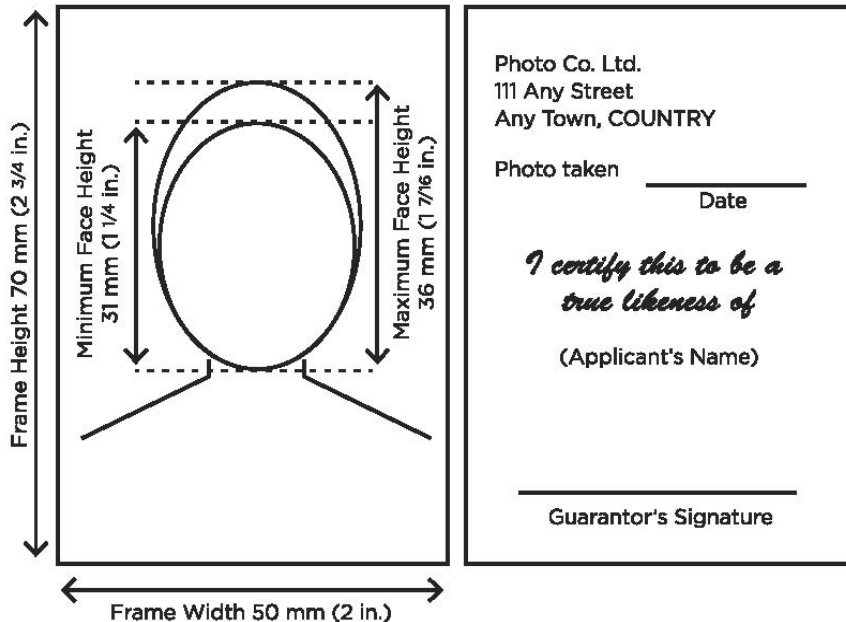
## DOCUMENT CHECKLIST (continued)

☐ A copy of both sides of two (2) different valid pieces of identification from the lists below to meet the following conditions:

CONDITIONS	ADMISSIBLE DOCUMENTS
<b>Condition 1:</b> Piece of identification issued by the Government of Canada or a provincial or territorial government or, failing that, by a foreign government*, containing at the least your name, date of birth, photo and signature.	Your <b>valid driver licence in Canada</b> (preferred, if you hold one); <b>Or, if not, choose a document from List 1 below:</b> <ul style="list-style-type: none"> <li>• valid health insurance card;</li> <li>• valid passport;</li> <li>• certificate of Indian status;</li> <li>• any other valid piece of identification issued by a Canadian or foreign government including your name, photo, signature and date of birth*.</li> </ul> <p>* Any piece of identification must be in French or English, otherwise you must also provide us with a translation into one of these official languages made by a member of the Ordre des traducteurs, terminologues et interprètes agréés du Québec.</p>
<b>Condition 2:</b> Document evidencing that you have Canadian citizenship, permanent resident status or a right to work in Canada issued by the competent Canadian immigration authorities.	<b>Choose a document from List 2 below (must be different from the one chosen above):</b> <ul style="list-style-type: none"> <li>• birth certificate from a Canadian province or territory;</li> <li>• valid Canadian passport;</li> <li>• Canadian citizenship certificate;</li> <li>• Canadian citizenship card (card with photo);</li> <li>• certificate of Indian status;</li> <li>• permanent resident card or Confirmation of Permanent Residence;</li> <li>• valid work permit in Canada;</li> <li>• valid study permit with a right to work in Canada;</li> <li>• another document evidencing your valid right to work in Canada.</li> </ul>

☐ **Two (2) identical colour photos in a passport format (5 cm x 7 cm)** taken during the six (6) month period preceding the application. The photos must be taken facing front, against a white background, and show the applicant from the shoulders up. The applicant must be bare-headed. The photos must be dated on the back with a dater.

**One of the photos must be authenticated by your respondent**, who must meet the criteria of Section L. Example\*:



\*Does not correspond to actual size - Please refer to the indicated measures.

### NOTE

A hat or head covering may not be worn unless it is worn daily for religious or medical reasons.

However, your entire face must clearly appear and head covering should not create shading on the face.

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

## FORM - APPLICATION FOR AN IMMEDIATE SUPERIOR 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](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 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

\*Without right to practice

## SECTION B: APPLICANT IDENTIFICATION

Surname		First name	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth Y   Y   Y   Y   M   M   D   D	SAAQ Driver licence <input type="checkbox"/> I do not have one	
Mother's maiden name			
Language of correspondence: <input type="checkbox"/> French <input type="checkbox"/> English			

## SECTION C: APPLICANT HOME ADDRESS

Number	Street		Apt.
City		Province	Postal code 
Cell phone	Other phone number	Ext.	
E-mail address			

## SECTION D: CANADIAN CITIZENSHIP, PERMANENT RESIDENCE OR RIGHT TO WORK

Please check the statement that applies to you:

- ☐ I am a Canadian citizen.
- ☐ I am registered on the Indian Register under the Indian Act.
- ☐ I am a permanent resident in Canada.
- ☐ I have a work permit in Canada, valid until (expiry YYYY/MM/DD):\_\_\_\_\_.
- ☐ I have a study permit, including a right to work in Canada, valid until (expiry YYYY/MM/DD):\_\_\_\_\_.
- ☐ I have another valid right to work in Canada.

## SECTION E: DECLARATION RELATIVE TO JUDICIAL HISTORY

Regardless of the period of time that has elapsed since, and unless you have obtained a pardon, have you been found guilty by a court, in Canada or elsewhere, of a criminal offence or have you pleaded guilty to such an offence?

☐ No ☐ Yes, specify: \_\_\_\_\_

Are you currently facing any criminal or penal charge(s)?

☐ No ☐ Yes, specify: \_\_\_\_\_

SECTION F: CURRENT JOB* IN PRIVATE SECURITY*						<input type="checkbox"/> 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	
OTHER CURRENT JOB IN PRIVATE SECURITY (Add an appendix if necessary)						<input type="checkbox"/> 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 <b>mandatory to declare any employer</b> 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 G: ARE YOU IN THE EMPLOY OF A POLICE FORCE?				<input type="checkbox"/> No		<input type="checkbox"/> Yes*, specify:	
Police force							
City				Province			
Job title						Since	
						Y   Y   Y   Y   M   M   D   D	
*This employment may be incompatible with holding an agent licence in private security. For any information on this subject, contact our Information Service.							

## SECTION H: APPLICANT DECLARATION

**NOTICE** – Any false or misleading declaration with respect to this form or any supporting document to this application, including the non divulagation 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 act as an immediate superior of private security agents, but that I do not engage my-self in private security activities within the meaning of section 16 of the Act. I understand that, as such, I am exempted from satisfying the training requirement set out in the Regulation respecting the training required to obtain an agent licence to carry on private security activities and, consequently, that an immediat superior agent licence would not confer on me the right to engage in private security activities, but only to act as an immediate superior of agent(s) engaged in such activities.

Therefore, **I undertake not to engage in any private security activities subject to the Act and I understand that in the event that I wish to engage in such activities, I must first file an addition of licence class(es) application in the relevant class(es) or apply to convert my immediate superior licence into an agent licence in the relevant class(es), meet the criteria, and be granted an agent licence of such class(es),** under penalty of penal sanctions.

I declare that I am aware of the responsabilites 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 conviction of a penal or criminal offence, any employment in a police force, etc.;
- Inform the Bureau of any change of employer within 30 days;
- Advise the Bureau in writing should I cease to supervise private security agent;
- Comply at all times with the standards of conduct prescribed by the regulation.

I declare that the photos enclosed hereto were taken during the last (6) months and reflect my actual physical appearance.

I solemnly declare that I am the applicant of this 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**

Void if signature touches border



**HANDWRITTEN SIGNATURE REQUIRED**



Void if signature touches border

Signature

SIGNATURE

Void if signature touches border

Signature

SIGNATURE

## SECTION I: RESPONDENT

The respondent (including any commissioner for oaths, notary or lawyer) must:

- Fill out subsections I.1, I.2, I.3 and I.4
- Authenticate one of the photos accompanying this application

**NOTICE** – The respondent must be a Canadian citizen or permanent resident and be at least 18 years of age. The respondent must have known the applicant personally for at least one (1) year and must be available for verification by the Bureau de la sécurité privée.

If you have not known any such person for at least one (1) year, the only people authorized to act as your respondent and authenticate your photo are a commissioner for oaths, a notary or a lawyer.

### I.1: APPLICANT IDENTIFICATION

Surname	First name
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### I.2: RESPONDENT IDENTIFICATION

Surname	First name
Occupation	Professional number (if applicable)
Address (No. and street)	Suite/Apt.
City	Province
Cell number	Other phone number
E-mail address	Ext.
I have known the applicant for _____ year(s)	Relation to applicant

### I.3: AUTHENTICATION OF PHOTOS

- ☐ The respondent must **write**: “*I certify the authenticity of this photo of (name of applicant)*” on the back of **one of the photos** and must **sign** this same photo.

### I.4 : RESPONDENT DECLARATION

I declare that I have read and understood the above-stated **NOTICE**.

- ☐ I declare that I have personally known for at least one (1) year the applicant named in Section I.1 and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the applicant.
- ☐ Declaration of the commissioner for oaths, notary or lawyer: I declare that I have seen the applicant named in Section I.1 and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the applicant.

Date 

Y	Y	Y	Y	M	M	D	D
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Respondent handwritten signature

(Including any commissioner for oaths, notary or lawyer).





## SECTION J : 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)

Note that the payable fees, including licence fees and verification of conditions, 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**

☒ Immediate Superior Agent Licence (without right to practice) **\$ 66.50**  
☒ Verification of conditions (Non-refundable if application is cancelled or refused). **\$ 114.00**

**Total amount to pay : **\$ 180.50****

### 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:** Name, First name, Date of Birth (YYYY/MM/DD), Email and Phone)

☐ **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.

\_\_\_\_\_  
**Card holder's signature**

**Date**            
**Telephone**