

## MODIFICATION OF INFORMATION ON THE LICENCE

Change of name or photos

### To file this application

**Online at [bspquebec.ca](http://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 or in person** to the following address:

1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

### INSTRUCTIONS

In addition to completing this form and paying the required payable fees set out in Section F:

**You must provide:**

**Section A "Consent regarding personal information"** duly **signed** and **dated**; and

**For a change of name and/or surname\*:**

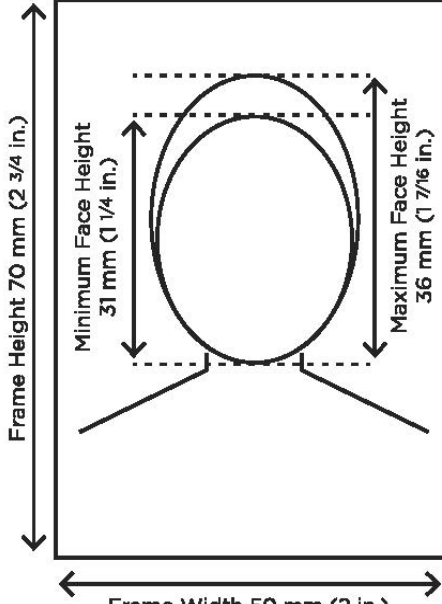
Your certificate of change of name issued by the Directeur de l'État civil.

**For a change of photos\*:**

Section E duly completed and signed by an eligible respondent; and

**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 date.

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

	<p>Photo Co. Ltd. 111 Any Street Any Town, COUNTRY</p> <p>Photo taken _____ Date _____</p> <p><i>I certify this to be a true likeness of</i> (Applicant's Name)</p> <p>_____ Guarantor's Signature</p>
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\*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.

\*If your name change and/or change of photos are requested due to a change of sex designation, please provide your change of sex designation certificate issued by the Directeur de l'État civil. The Bureau will make the required change to your agent file.

## FORM – MODIFICATION OF INFORMATION ON THE LICENCE

### SECTION A – CONSENT FOR 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;
- the relevant government authorities 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](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 |

\_\_\_\_\_  
Licence holder handwritten signature

**SECTION B: AGENT IDENTIFICATION**

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

**SECTION C: REQUESTED MODIFICATION(S)**

I hereby request of the Bureau de la sécurité privée to modify the following information in my file\*, which will result in a modification of my agent licence(s):

**Change of SURNAME and/or FIRST NAME, provide:**

- Certificate of change of name by the Directeur de l'État civil

<b>New surname, if applicable:</b>	<b>New first name, if applicable:</b>
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**Change of PHOTO, provide:**

- Section E duly completed and signed by an eligible respondent;  
**AND**
- Two (2) compliant colour photos (see Instructions on front page).

\*If your name change and/or change of photos are requested due to a change of sex designation, please provide your change of sex designation certificate issued by the Directeur de l'État dicvil. The Bureau will make the required change to your agent life.

**SECTION D: APPLICANT DECLARATION**

I solemnly declare that I am the applicant for this application and 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 the event of a change of photos: I declare that the photos enclosed hereto were taken during the last six (6) months and reflect my actual physical appearance.

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**





## SECTION E: RESPONDENT - TO BE COMPLETED ONLY IN CASE OF A CHANGE OF PHOTOS

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

- Fill out subsections E.1, E.2, E.3 and E.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 agent 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.

### E.1: AGENT IDENTIFICATION

Surname	First name

### E.2: RESPONDENT IDENTIFICATION

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

### E.3: AUTHENTICATION OF PHOTOS

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

### E.4: DECLARATION OF RESPONDENT

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 agent named in Section E.1 and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the agent.
- Declaration of the commissioner for oaths, notary or lawyer: I declare that I have seen the agent named in Section E.1 and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the agent.

\_\_\_\_\_

Date | Y | Y | Y | Y | M | M | D | D |

**Respondent handwritten signature**

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



