

## CANCELLATION OF LICENCE APPLICATION (AGENT)

### To submit your request via this form

**Online** - You can contact the [information department](#) for a secure link to upload your documents

**By mail or in person** to the following address:

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

### SECTION A: APPLICANT IDENTIFICATION

Surname		First name	
Date of birth (YYYY/MM/DD)		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 B: REQUEST FOR CANCELLATION OF APPLICATION

I hereby request of the Bureau de la sécurité privée to cancel my licence application for the following class(es):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Security guarding | <input type="checkbox"/> Locksmith work              | <input type="checkbox"/> Transport of valuables |
| <input type="checkbox"/> Investigation     | <input type="checkbox"/> Electronic security systems | <input type="checkbox"/> Security consulting    |

Reasons for cancellation:

### SECTION C: APPLICANT DECLARATION

I understand that the analysis of my application will cease without a decision being made by the Bureau, and that, as stipulated in Section 12 of the *Regulation under the Private Security Act*, **no fees will be reimbursed** to me in relation to this application cancelled.

I also understand that pursuant to Section 16 of the *Private Security Act*, any person carrying on a private security activity must hold an agent licence for the class corresponding to that activity, under penalty of penal sanctions as provided for by the Act.

I declare that all the information provided herein is accurate and complete.

In witness whereof I, have signed on (YYYY/MM/DD): \_\_\_\_\_



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