

## CHANGE OF EMPLOYER (AGENT)

(Add the Appendix 1, on the following page, as needed).

**NOTE: This request can be filed directly through **My Account**.**

Visit [bspquebec.ca/en/my-account](https://bspquebec.ca/en/my-account) to create your profile and proceed online simply and securely.

### To submit your request via this form

**Online at [bspquebec.ca](https://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.

## 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 your personal information and to 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](https://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;
- 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](https://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:**  |  |  |  |  |  |  |  |  |

\_\_\_\_\_  
Licence holder 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: EMPLOYER Add Remove

If it is a private security agency, indicate the agency's BSP licence number.

Employer name			
Address (No. and street)			Suite
City		Province	Postal code 
Phone number	Ext.	Agency Licence No. (if applicable)	

### SECTION D: APPLICANT DECLARATION

I declare that all information provided in this form, as well as the information in Appendix 1, if applicable, is accurate and complete.

I undertake to inform the Bureau de la sécurité privée of any change of employer within 30 days, failing which I understand that I may be subject to penal sanction under the *Private Security Act*. I also understand that, pursuant to the Act, the name of my employer is a public information that appears in the Register of Licence Holders.

In witness whereof, I have signed: \_\_\_\_\_ Date Y | Y | Y | Y | M | M | D | D  
Licence holder handwritten signature

OTHER EMPLOYER <input type="checkbox"/> Add <input type="checkbox"/> Remove			If it is a private security agency, indicate the agency BSP licence number.		
Employer's name					
Address (No. and street)				Suite	
City			Province		Postal code
Phone number		Ext.	Agency Licence No. (if applicable)		

OTHER EMPLOYER <input type="checkbox"/> Add <input type="checkbox"/> Remove			If it is a private security agency, indicate the agency BSP licence number.		
Employer's name					
Address (No. and street)				Suite	
City			Province		Postal code
Phone number		Ext.	Agency Licence No. (if applicable)		

OTHER EMPLOYER <input type="checkbox"/> Add <input type="checkbox"/> Remove			If it is a private security agency, indicate the agency BSP licence number.		
Employer's name					
Address (No. and street)				Suite	
City			Province		Postal code
Phone number		Ext.	Agency Licence No. (if applicable)		

OTHER EMPLOYER <input type="checkbox"/> Add <input type="checkbox"/> Remove			If it is a private security agency, indicate the agency BSP licence number.		
Employer's name					
Address (No. and street)				Suite	
City			Province		Postal code
Phone number		Ext.	Agency Licence No. (if applicable)		

OTHER EMPLOYER <input type="checkbox"/> Add <input type="checkbox"/> Remove			If it is a private security agency, indicate the agency BSP licence number.		
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Address (No. and street)				Suite	
City			Province		Postal code
Phone number		Ext.	Agency Licence No. (if applicable)		