

## AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION

Section 59 of the *Act respecting Access to documents held by public bodies and the Protection of personal information* (CQLR c. A-2.1)

### PART 1 - PERSON AUTHORIZING THE DISCLOSURE

#### SECTION 1.A - CONSENT REGARDING THE COLLECTION OF PERSONAL INFORMATION

##### 1.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 the Bureau de la sécurité privée ("BSP").

**For what purposes?** To identify you as the person authorizing the disclosure of personal information to communicate with you, to process the authorization you grant through this form, 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 inadmissibility of this authorization.

**What are your rights?** The *Act respecting access to documents held by public bodies and the protection of personal information* (CQLR, c. A-2), ("**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. For more information, visit the Access to information page at [bspquebec.ca](http://bspquebec.ca). However, please note that the withdrawal of a consent for mandatory information under the PSA will jeopardize the validity of any licence held by an individual or the enterprise to which it is related.

**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 can be sent to you by contacting our Information department, or by going to the My Account section of [bspquebec.ca](http://bspquebec.ca), if you already hold an agent licence or if you are an agency representative. The use of the services of this third party is for the sole purpose of facilitating the collection through technological means. However, 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).

##### 1.A.2 CONSENT OF THE PERSON AUTHORIZING THE DISCLOSURE

Surname	First name
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I declare that I have read and understood the declaration of the Bureau de la sécurité privée in section 1.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 (YYYY/MM/DD):



\_\_\_\_\_ Handwritten signature of the person authorizing the disclosure

#### SECTION 1.B: IDENTIFICATION OF THE PERSON AUTHORIZING THE DISCLOSURE

Surname		First name	
Date of birth (YYYY/MM/DD) <input style="width: 100%;" type="text"/>		BSP File No. or Agent Licence No. (if applicable)	
Mother maiden name			
Address (No. and street)			Apt.
City		Province	Postal code <input style="width: 100%;" type="text"/>
Cell phone	Other phone number	Ext.	
E-mail address			

**PART 2 - PERSON AUTHORIZED TO RECEIVE THE DISCLOSURE**

**SECTION 2.A - CONSENT REGARDING THE COLLECTION OF PERSONAL INFORMATION**

**2.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 the Bureau de la sécurité privée ("BSP").

**For what purposes?** To identify you as the person authorized to receive the disclosure of the personal information of the person identified in Part 1 of this form.

**Is it mandatory?** The personal information collected by this form is mandatory and failure to provide it may result in the ineligibility of the authorization that would be granted to you, failing to identify you with a sufficient level of certainty.

**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 a right to access, rectify your personal information and to withdraw your consent regarding the personal information held by the BSP. For more information, visit the Access to information page at [bspquebec.ca](http://bspquebec.ca). However, please note that the withdrawal of a consent for mandatory information on this form may result in the revocation of the authorization granted to you.

**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 can be sent to you by contacting our Information department, or by going to the My Account section of [bspquebec.ca](http://bspquebec.ca), if you already hold an agent licence or if you are an agency representative. The use of the services of this third party is for the sole purpose of facilitating the collection through technological means. However, 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).

**2.A.2 CONSENT OF THE PERSON AUTHORIZED TO RECEIVE THE DISCLOSURE**

<b>Surname</b>	<b>First name</b>
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I declare that I have read and understood the declaration of the Bureau de la sécurité privée in section 2.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** (YYYY/MM/DD):



\_\_\_\_\_ **Handwritten signature of the person authorizing the disclosure**

**SECTION 2.B: IDENTIFICATION OF THE PERSON AUTHORIZED TO RECEIVE THE DISCLOSURE**

<b>Surname</b>		<b>First name</b>	
<b>Date of birth</b> (YYYY/MM/DD) <input style="width: 100%;" type="text"/>	<b>BSP File No. or Agent Licence No. (if applicable)</b> <input style="width: 100%;" type="text"/>		
<b>Mother maiden name</b> <input style="width: 100%;" type="text"/>			
<b>Address</b> (No. and street) <input style="width: 100%;" type="text"/>			<b>Apt.</b> <input style="width: 100%;" type="text"/>
<b>City</b> <input style="width: 100%;" type="text"/>		<b>Province</b> <input style="width: 100%;" type="text"/>	
<b>Cell phone</b> <input style="width: 100%;" type="text"/>		<b>Other phone number</b> <input style="width: 100%;" type="text"/>	
<b>E-mail address</b> <input style="width: 100%;" type="text"/>		<b>Ext.</b> <input style="width: 100%;" type="text"/>	

## PART 3 - AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION

### SECTION 3.A - INFORMATION COVERED BY THIS AUTHORIZATION

Please check the box(s) of the personal information held by the BSP for which you authorize the disclosure to the person identified in Section 2.B of this form and specify the nature of such information if necessary :

- Your identification information (such as surname, first name, date of birth and mother maiden name), specify to restrict as necessary:
- Your personal contact information (such as home and email addresses, phone number), specify to restrict as necessary:
- Your status in Canada as declared to the BSP, specify to restrict as necessary:
- Your current and previous jobs (including namely employer identity, duties, length of employment, etc.), specify to restrict as necessary:
- Your training (including namely training bodies or trainer, nature, results, dates, etc.), specify to restrict as necessary:
- Your judicial history or the absence thereof (including namely criminal charges with or without conviction, security check clearance report by the Sûreté du Québec, etc.), specify to restrict as necessary:
- Sanctions for breach of standards of conduct (including namely the nature of the breach and the penalty imposed), specify to restrict as necessary:
- The status and validity history of your licence in \_\_\_\_\_ (class(es)), specify to restrict if necessary:
- Others, specify:

### SECTION 3.B : TERM OF VALIDITY OF THE AUTHORIZATION

This authorization will be valid until the following date or event\* : \_\_\_\_\_

**IMPORTANT NOTE** : Despite this indication, you may revoke this authorization at any time by writing to [aiprp@bspquebec.ca](mailto:aiprp@bspquebec.ca), or by calling at 514 748-7480, or toll free at 1 877 748-7483.

\* May not exceed 6 months from the date of this authorization. Any delays exceeding 6 months will be automatically reduced to such term.

Handwritten signature of the person authorizing the disclosure

### SECTION 3.C - AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION

I declare that I am the person identified in Section 1.B of Part 1 of this form.

I authorize the Bureau de la sécurité privée to disclose, to the person identified in Section 2.B of Part 2 of this form, my personal information specified in Section 3.A and for the term indicated in Section 3.B, subject to revocation of this authorization before that date.

I understand that this authorization does not confer the right to this person to represent or act on my behalf.

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



\_\_\_\_\_  
Handwritten signature of the person authorizing the disclosure

### TO SUBMIT THIS FORM

This form may be sent to the BSP by one of the following means:

- **By mail or in person to the following address:**  
1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.
- **Online:**
  - **For the agent licence holder or agency representative**  
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**.
  - **For any other person:**  
You can contact the Information Department at **514 748-7480**, or toll free at **1 877 748-7483** to obtain an Internet address allowing you to securely upload this form.