

TEMPORARY AGENT LICENCE APPLICATION

NOTE: This application can be filed directly online through the [interactive form](#).

Visit bspquebec.ca, Apply Online section.

To file your application via this form

By mail or in person to the following address:
1611 Crémazie Boulevard East, Suite 500, Montréal, Québec H2M 2P2.

BEFORE PROCEEDING

WARNING - Failure to complete all sections of this form and to attach all required documents and payments will result in significant delays in processing your application, or the inadmissibility of your application and the return of your documents.

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 of age (except if the temporary licence application is filed while the applicant is receiving a training that may qualify a person for the issuance of an agent licence, in particular during a traineeship).
- The applicant 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 licence application must include **all** of the following documents:

- Original** and **complete** temporary agent licence application form, duly **filled out**, **dated** and **signed**.
- Payment of fees, **which are non-reimbursable** (see Section L for methods of payment).
- Section A "Consent regarding personal information"** duly **signed** and **dated**.
- Documents supporting your temporary licence application as described in Section G**, according to the purpose for which the temporary licence application is filed.

DOCUMENT CHECKLIST (continued)

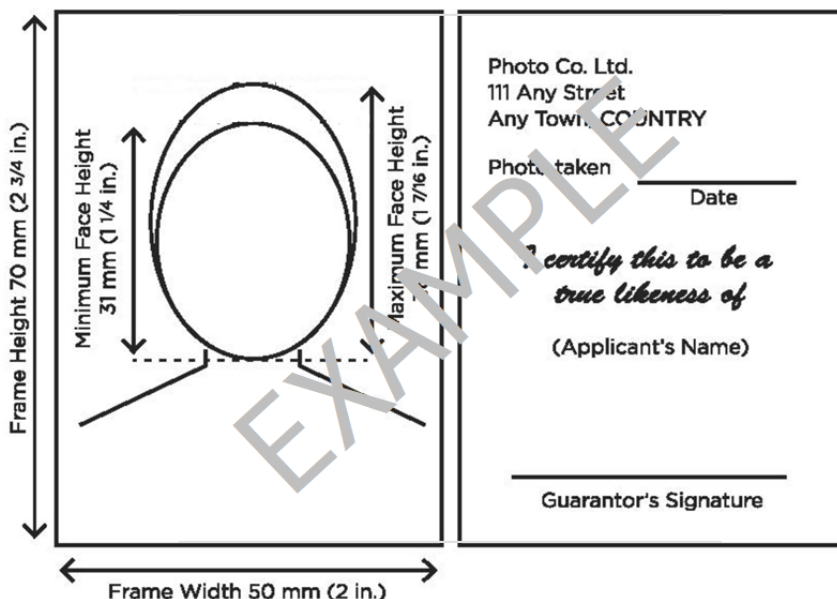
A copy of both sides of **two (2) different valid pieces of identification** from the lists below to meet the following conditions:

CONDITIONS	ADMISSIBLE DOCUMENTS
<p>Condition 1</p> <p>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.</p>	<p>Your valid driver licence in Canada (preferred, if you hold one); Or, if not, choose a document from List 1 below:</p> <ul style="list-style-type: none"> • valid health insurance card; • valid passport; • certificate of Indian status; • any other valid piece of identification issued by a Canadian or foreign government including your name, photo, signature and date of birth*. <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>

<p>Condition 2</p> <p>Document evidencing that you have Canadian citizenship, permanent resident status or a right to work in Canada issued by the competent Canadian immigration authorities.</p>	<p>Choose a document from List 2 below (must be different from the one chosen above):</p> <ul style="list-style-type: none"> • birth certificate from a Canadian province or territory; • valid Canadian passport; • Canadian citizenship certificate; • Canadian citizenship card (card with photo); • certificate of Indian status; • permanent resident card or Confirmation of Permanent Residence; • valid work permit in Canada; • valid study permit with a right to work in Canada; • another document evidencing your valid right to work in Canada.
---	---

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.

IMPORTANT - One of the photos must be SIGNED (authenticated) by your respondent, who must meet the criteria of Section K. Example*:



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.

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

PLEASE DO NOT SEND ORIGINAL DOCUMENTS, EXCEPT THE APPLICATION FORM

FORM - TEMPORARY AGENT LICENCE APPLICATION

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 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 obligation 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.

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.

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

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

Have you been found guilty, in Canada or elsewhere, of a criminal offence for which you have not obtained a pardon?

No Yes, specify: _____

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

No Yes, specify: _____

SECTION F: TEMPORARY LICENCE FOR WHICH THE APPLICATION IS FILED

Class for which the application is filed:

- Security guarding
- Investigation
- Locksmith work
- Transport of valuables

Purpose of the temporary licence application:

- For training purposes (traineeship or work-study program) (complete Section G.1)
- For the special needs of an investigation (complete Section G.2)
- For the needs of temporary labour on a special event (complete Section G.3)

Requested validity period*: From |Y|Y|Y|Y|M|M|D|D| to |Y|Y|Y|Y|M|M|D|D|

* Cannot exceed 120 days.

SECTION G: PURPOSE FOR WHICH THE TEMPORARY LICENCE APPLICATION IS FILED (Fill out the subsection that applies).

G.1 FOR TRAINING PURPOSES

(Leading to qualification for the issuance of a regular agent licence, including traineeships).

Name of the training body

Employer where the traineeship /on the job portion will take place

Employer phone number

Ext.

YOU MUST ENCLOSE, AS APPLICABLE:

TRAINEESHIP

- Appendix 1 - Employer Declaration - Traineeship in Private Security.
- Proof of registration for a training program which may qualify you to obtain a regular agent licence of this class.

WORK-STUDY PROGRAM (locksmith work or security guarding only)

- Appendix 2 - Employer Declaration - Work-Study Program.
- Proof of registration and payment :
 - Of training which may qualify you to obtain a regular agent licence in locksmith work or security guarding, as the case may be, indicating the start date of the training, **which cannot exceed 30 days from the issuance of the licence, as applicable.**
 - For security guarding only:** also provide proof of registration and payment for a CNESST workplace first aid course - if the latter is not included in the security guarding training.
- For security guarding only:** Appendix 2.1 - Supplement to Applicant Declaration - Work-Study Program.

TRANSPORT OF VALUABLES

- A declaration from the employer where you will take the mandatory training in Transport of valuables, specifying the start and end dates of the training, as well as the name of the instructor(s) qualified by the École nationale de police du Québec who will provide this training.

G.2 FOR THE SPECIAL NEEDS OF AN INVESTIGATION

(In particular to act as an undercover agent or double agent).

Employer name

Phone number

Ext.

YOU MUST ENCLOSE:

- Appendix 3 - Employer Declaration - Special needs of an investigation

G.3 FOR THE NEEDS OF A TEMPORARY LABOUR ON A SPECIAL EVENT

(Such as cultural or sports activities, a labor dispute, a disaster or a pandemic)

Employer name

Phone number

Ext.

YOU MUST ENCLOSE, AS THE CASE MAY BE:

- Appendix 4 - Employer Declaration - Special cultural or sporting event
- OR
- Appendix 5 - Employer Declaration - Labour dispute, disaster, pandemic

SECTION H: NOTICE TO THE EMPLOYER FOR AN INADMISSIBLE OR NON-COMPLIANT APPLICATION

The Bureau is soliciting your consent to communicate with the employer identified in the Employer Declaration filed in support of this application, to inform them that your application is inadmissible or non-compliant if a payment, a mandatory information or document is missing or non-compliant. Additional information is available below.

I consent I refuse

Additional information

If your application is inadmissible or non-compliant, the Bureau will notify you in writing and give you time to correct your application. The processing time will therefore be longer.

To enable your employer to assist you in making the necessary corrections, where possible, and to plan their staff accordingly, you may authorize the Bureau to notify them in writing if your application is inadmissible or non-compliant (i.e. if a payment, a mandatory information or document to your application is missing or non-compliant).

This consent is not mandatory. If given, it will be valid for the duration of this licence application process but can be withdrawn at any time by calling 514 748-7480 or toll free at 1 877 748-7483, or by email at info@bspquebec.ca.

SECTION I : ARE YOU IN THE EMPLOY OF A POLICE FORCE?

No 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 department.

SECTION J : APPLICANT DECLARATION

NOTICE - Any false or misleading declaration with respect to this form or any supporting document to this application, including the concealment 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 am aware of the **responsibilities and obligations** incumbent upon me pursuant to the *Private Security Act* and its regulations, namely:

- Not engage in any private security activity other than for the purpose specified in Section G, and in the case of special cultural or sporting events, not to engage in private security activities for an event that is not on the list of authorized events published at bspquebec.ca/fr/liste;
- Remain at all time under the responsibility of the employer who provided a declaration in support of my application;
- Remain under the active and continuous supervision of a regular agent licence holder of the same class as the one that would be issued to me;
- 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, or guilt of a penal or criminal offence, any employment in a police force, etc.;
- Comply at all time with the standards of conduct prescribed by the regulation.

I undertake to notify the Bureau de la sécurité privée in writing immediately if I cease to perform the specific activity for which I would be issued atemporary licence before it expires;

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

I solemnly declare that I am the applicant for this temporary agent licence 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
---	---	---	---	---	---	---	---

Applicant handwritten signature



SECTION K: RESPONDENT

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

- **Fill out subsections K.1, K.2, K.3 and K.4**
- **SIGN one of the photos accompanying this application (authentication)**

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.

K.1: APPLICANT IDENTIFICATION

Surname	First name
----------------	-------------------

K.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 applicant for _____ year(s)	Relation to applicant	

K.3: SIGNATURE OF ONE OF THE PHOTOS (AUTHENTICATION)

SIGN on the back of one of the photos
and

Write “I certify the authenticity of this photo of (First name Surname)” **on the back** of this same photo.

K.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 applicant named in Section K.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 K.1 and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the applicant.

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

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





EMPLOYER DECLARATION – TRAINEESHIP IN PRIVATE SECURITY

INSTRUCTIONS: All fields in this appendix **must be filled out** by the employer of the applicant for a temporary agent licence in order to allow them to complete a traineeship as part of their training that may qualify them for the issuance of a regular agent licence of this class. Missing information will cause additional delays in processing and could lead to the refusal of the applicant licence application.

The employer _____ (name of employer), located at _____ (employer address) (« **Employer** ») supports the temporary agent licence application in _____ (licence class) (« **Temporary Licence** ») _____ (Applicant first name and surname whom date of birth is _____ (YYYY/MM/DD (« Applicant »)).

The Employer certifies that the Applicant is expected to carry out the following traineeship in their service as part of a private security training:

Location: _____

Start date: _____ (YYYY/MM/DD)

End date: _____ (YYYY/MM/DD)

The Employer undertakes, if the Temporary Licence is issued to the Applicant:

- i. that the Applicant services are used only within the course of the traineeship that they carry out in connection with their training in private security (s. 20 Regulation under the PSA);
- ii. that the Applicant, in the performance of their duties, is under the active and continuous supervision of a holder of a regular agent licence of the same class as that of the Temporary Licence (s. 19 Regulation under the PSA);
- iii. to inform the Bureau without delay if they cease to use the Applicant services (s. 21 Regulation under the PSA).

AUTHORIZED EMPLOYER REPRESENTATIVE

Signature

Date (YYYY/MM/DD)

First name and surname (please print)

Phone number (day)

Title

Email address

EMPLOYER DECLARATION – WORK-STUDY PROGRAM

INSTRUCTIONS: All fields in this appendix **must be filled out** by the employer of the applicant for a temporary agent licence registered in a locksmith or security guarding training program followed as Work-Study Program in order to enable them to practice, under supervision, locksmith work or security guarding activities along with the acquisition of theoretical knowledge that may qualify them for the issue of a regular agent licence in this class. Missing information will cause additional delays in processing and could lead to the refusal of the applicant licence application.

The employer _____ (name of employer), located at _____ (employer address) (« **Employer** ») supports the temporary agent licence application in _____ (licence class) (« **Temporary Licence** ») of _____ (Applicant first name and surname) whom date of birth is _____ (YYYY/MM/DD) (« **Applicant** »).

The Employer certifies that the Applicant is expected to carry out in their service and under their active and continuous supervision, private security activities of the Temporary Licence class, along with the acquisition of theoretical knowledge within a private security training program that they follow in order to qualify for the issuance of a regular agent licence in such class.

The Employer undertakes, if the Temporary Licence is issued to the Applicant:

- i. that the Applicant, in the performance of their duties, is under the active and continuous supervision of a holder of a regular agent licence of the same class as that of the Temporary Licence (s. 19 Regulation under the PSA);
- ii. to inform the Bureau without delay if they cease to use the Applicant services (s. 21 Regulation under the PSA).

If the requested temporary licence for Work-Study Program is in the security guarding class, the employer understands that no temporary licence issued for this purpose will be renewed by the Bureau upon its expiry, nor issued again in a subsequent application, on the understanding that its validity period of 120 days, as set out in section 22 of the Private Security Act, is sufficient to complete the 70-hour training already started by the Applicant.

AUTHORIZED EMPLOYER REPRESENTATIVE

Signature

Date (YYYY/MM/DD)

First name and surname (please print)

Phone number (day)

Title

Email address

Appendix 2.1

Supplement to Applicant Declaration

WORK-STUDY PROGRAM

(Section 17(1) of the Regulation under the Private Security Act (CQLR, c. S-3.5, r.1))

SUPPLEMENT TO APPLICANT DECLARATION – WORK-STUDY PROGRAM

INSTRUCTIONS: All fields in this appendix **must be filled out** by the applicant for a temporary agent licence registered in a private security training program followed as Work-Study Program in order to enable them to practice, under active and continuous supervision, private security activities along with the acquisition of theoretical knowledge that may qualify them for the issuance of a regular agent licence in this class. Missing information will cause additional delays in processing and could lead to the refusal of the applicant licence application.

I, _____ (Applicant first name and surname), born on _____ (YYYY/MM/DD) declare the following, in addition to the Applicant Declaration included in the temporary agent licence application form, by which I apply for the issuance of a temporary agent licence to receive the mandatory training in a work-study program:

- I understand that the temporary licence I wish to obtain can only be issued **while I am receiving training** that may qualify me for the issuance of a regular agent licence of the same class (a "Training"), under Section 17 (1) of the Regulation under the Private Security Act;
- I undertake, in order to comply with this condition, to **begin the Training** for which I have submitted proof of registration and payment in support of my application **no later than 30 days following the issuance of a temporary agent licence**, as applicable;
- Should I fail to begin said Training on the scheduled date or no later than 30 days following the issuance of said temporary agent licence, I undertake to notify the Bureau and to cease the exercise of any private security activity;
- I understand that the Bureau reserves the right to verify that I am receiving the said Training;
- I understand that, in the event of non-compliance with the condition of receiving the Training, and of my commitment in this regard, the Bureau may revoke the temporary agent licence that would be issued to me to receive mandatory training in a work-study program, pursuant to Section 30 (1) of the Private Security Act.

In witness whereof I have signed on _____ (YYYY/MM/JJ)

Applicant handwritten signature

Employer Declaration SPECIAL NEEDS OF AN INVESTIGATION

(Section 17(2) of the Regulation under the Private Security Act (CQLR, c. S-3.5, r.1))

EMPLOYER DECLARATION – SPECIAL NEEDS OF AN INVESTIGATION

INSTRUCTIONS: All fields in this appendix **must be filled out** by the employer of the applicant for a temporary investigation agent licence for the special needs of an investigation justifying the use of the services of this person, in particular to act as an undercover or double agent. Missing information will cause additional delays in processing and could lead to the refusal of the applicant licence application.

The employer _____ (name of employer), located at _____ (employer address) (« **Employer** ») supports the temporary agent licence application in investigation class (« **Temporary Licence** ») of _____ (Applicant first name and surname) whom date of birth is _____ (YYYY/MM/DD) (« **Applicant** »).

The Employer certifies that the special needs of an investigation justify using the services of this person for the following reasons and under the following conditions:

Nature of the investigation : _____

Special needs that justify using the temporary services of this person specifically:

Start date: _____ (YYYY/MM/DD)

End date: _____ (YYYY/MM/DD) *

*If the end date is not known, write "unknown". The licence would then be issued for a period of 120 days, subject to the Employer obligation to inform the Bureau as soon as they cease to use the Applicant services.

The Employer undertakes, if the Temporary Licence is issued to the Applicant:

- i. that the Applicant will be assigned exclusively to the investigation mandate described in this appendix (s.20 Regulation under the PSA);
- ii. that the Applicant, in the performance of their duties, is under the active and continuous supervision of a holder of a regular agent licence in the Investigation class (s. 19 Regulation under the PSA);
- iii. to inform the Bureau without delay if they cease to use the Applicant services (s. 21 Regulation under the PSA).

AUTHORIZED EMPLOYER REPRESENTATIVE

Signature

Date (YYYY/MM/DD)

First name and surname (please print)

Phone number (day)

Title

Email address

SPECIAL CULTURAL OR SPORTING EVENT

(Section 17(3) of the *Regulation under the Private Security Act* (CQLR, c. S-3.5, r.1))

EMPLOYER DECLARATION – SPECIAL CULTURAL OR SPORTING EVENT

INSTRUCTIONS: All fields in this appendix **must be filled out** by the employer of the applicant for a temporary agent licence for a special cultural or sporting event. Missing information will cause additional delays in processing and could lead to the refusal of the applicant licence application.

The employer _____ (name of employer), located at _____ (employer address) (« **Employer** ») supports the temporary agent licence application in _____ (licence class) (« **Temporary Licence** ») of _____ (Applicant first name and surname) whom date of birth is _____ (YYYY/MM/DD) (« **Applicant** »).

Special cultural or sporting events authorized by the Bureau

The Employer certifies that the services of this person are required to meet a need for temporary labour due to one or more special cultural or sporting events found on the list of events authorized for the issuance of a temporary licence (the « **List of authorized events** ») which is published on the Bureau website at bspquebec.ca/fr/liste.

The Employer undertakes, if the Temporary Licence is issued to the Applicant:

- i. that the Applicant will be assigned exclusively to security duties that meet the need for temporary labour in the context of the special cultural or sporting events found on the List of authorized events (s. 20 Regulation under the PSA);
- ii. that the Applicant, in the performance of their duties, is under the active and continuous supervision of a holder of a regular agent licence of the same class as that of the Temporary licence (s.19 Regulation under the PSA) and present at the event location;
- iii. to inform the Bureau without delay if they cease to use the Applicant services (s. 21 Regulation under the PSA).

The employer understands that the Temporary licence would be issued for a non-renewable 120-day period. If the Applicant services were required for new events after the expiry of the Temporary licence, a new licence application should be submitted by that person to obtain the issuance of a new temporary licence valid for a new period of 120 days.

Requested start date: _____ (YYYY/MM/DD)

AUTHORIZED EMPLOYER REPRESENTATIVE

Signature

Date (YYYY/MM/DD)

First name and surname (please print)

Phone number (day)

Title

Email address

LABOUR DISPUTE, DISASTER, PANDEMIC

(Section 17(3) of the Regulation under the Private Security Act (CQLR, c. S-3.5, r.1))

EMPLOYER DECLARATION – LABOUR DISPUTE, DISASTER, PANDEMIC

INSTRUCTIONS: All fields in this appendix **must be filled out** by the employer of the applicant for a temporary agent licence on a special event such as a labour dispute, a disaster or a pandemic. Missing information will cause additional delays in processing and could lead to the lead to the refusal of the applicant licence application.

The employer _____ (name of employer), located at _____ (employer address) (« **Employer** ») supports the temporary agent licence application in _____ (licence class) (« **Temporary Licence** ») of _____ (Applicant first name and surname) whom date of birth is _____ (YYYY/MM/DD) (« **Applicant** »).

The Employer certifies that the services of this person are required to meet a need for temporary labour due to the following special event (the « **Special Event** »):

Event name or description: _____

Event location: _____

Start date: _____ (YYYY/MM/DD)

End date: _____ (YYYY/MM/DD) *

*If the end date is not known, write "unknown". The licence would then be issued for a period of 120 days, subject to the Employer obligation to inform the Bureau as soon as they cease to use the Applicant services.

The Employer undertakes, if the Temporary Licence is issued to the Applicant:

- i. that the Applicant will be assigned exclusively to security duties that meet the need for temporary labour in the context of the Special Event (s. 20 Regulation under the PSA);
- ii. that the Applicant, in the performance of their duties, is under the active and continuous supervision of a holder of a regular agent licence of the same class as that of the Temporary Licence (s.19 Regulation under the PSA) and present at the event location;
- iii. to inform the Bureau without delay if they cease to use the Applicant services (s. 21 Regulation under the PSA).

AUTHORIZED EMPLOYER REPRESENTATIVE

Signature

Date (YYYY/MM/DD)

First name and surname (please print)

Phone number (day)

Title

Email address