

## ADDITION OF LICENCE CLASS(ES) (AGENT)

### To file your 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.

### 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.

- The form must be filled out and signed by the applicant.
- The applicant must be at least 18 years old, and 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** agent licence application form, duly **filled out**, **dated** and **signed**.
- Payment of fees, **which are non-reimbursable** (see Section I for methods of payment).
- Section A "Consent regarding personal information"** duly **signed** and **dated**.
- Documents** regarding **training and/or equivalence** (see Sections D and E).

**IMPORTANT: PLEASE DO NOT SEND ORIGINAL DOCUMENTS, EXCEPT THE APPLICATION FORM**

## FORM - ADDITION OF LICENCE CLASS(ES) (AGENT)

### SECTION A: CONSENT REGARDING PERSONAL INFORMATION

#### A.1 Declaration of the Bureau de la sécurité privée

We collect your personal information for the administration and application of the *Private Security Act* (CQLR, c. S-3.5) ("**PSA**") and its regulations. It is mandatory to provide them to avoid the inadmissibility of your application or its refusal. Your information will be available only to employees if required in the performance of their duties and may be disclosed to third parties within the limits of the *Act respecting Access to documents held by public bodies and the Protection of personal information* (CQLR, c. A-2.1) ("**Access Act**").

The Access Act grants you the right to access and rectify your information and to withdraw your consent. However, such a withdrawal could affect the validity of a licence. For more information, consult our *Privacy Policy* at [BSPQuebec.ca](http://BSPQuebec.ca).

#### A.2 Consent of the applicant

**I consent** to the Bureau collecting, using, disclosing and retaining my information in accordance with the declaration in section A.1 above. Namely, **I consent to the sharing of my personal information** necessary for the purposes of the application of the PSA, **between the Bureau and:**

- 1) the **Sûreté du Québec or any other police force**, including any personal information recorded in any police report and data base;
- 2) to any person or organization to verify the truthfulness or accuracy of the documents and information that I provide to the Bureau for the application of the PSA and its regulations (for example: current or former **employers, Parity committee** for security guards, **training** organizations, Commission des normes de l'équité, de la santé et de la sécurité au travail (**CNESST**), competent authorities in matters of **citizenship and immigration**).

This consent is valid upon receipt of my application and during the validity of any licence issued to me.

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



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

### SECTION B: AGENT 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 C: LICENCE(S) FOR WHICH THE APPLICATION IS FILED – NEW CLASS(ES)**

**Class(es) for which this application is filed:** (Check all boxes that apply).

- |  |  |   |
|--|--|---|
| <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    |

**SECTION D: TRAINING** (Check the boxes that apply to the licences class(es) for which the application is filed).**SECURITY GUARDING**

- I have successfully completed a **70-hour** security guarding training course in a school service centre or a school board – **Enclose your certificate of achievement.**
- I have successfully completed a **54-hour** security guarding training course in a school service centre, a school board or a training body recognized by the Minister of Public Security – **Enclose 1) your certificate of achievement and 2) a copy of your workplace first aid card (CNESST training – 16 h).**
- I have not taken the training required as per the Regulation on training, but wish to have my level of knowledge and skills evaluated by the BSP – **See Section E, next page.**

**INVESTIGATION**

- I have successfully completed the “Initiation aux techniques d’enquête et d’investigation” course (135 hours) from a college level institution – **Enclose your certificate of achievement.**
- I obtained a diploma of college studies in Police Technology within the past five (5) years – **Enclose a copy of the diploma and official transcript issued by your institution.**
- I obtained a bachelor degree in Security and Police Studies within the past five (5) years – **Enclose a copy of the diploma and official transcript issued by your institution.**
- I have not taken the training required as per the Regulation on Training, or my diploma was obtained more than five (5) years ago, but I wish to have my level of knowledge and skills evaluated by the BSP – **See Section E, next page.**

**LOCKSMITH WORK**

- I obtained a diploma of vocational studies in locksmithing – **Enclose a copy of the diploma and official transcript issued by your institution.**
- I have not taken the training required as per the Regulation on Training, but wish to have my level of knowledge and skills evaluated by the BSP – **See Section E, next page.**

**TRANSPORT OF VALUABLES**

- I have successfully completed the “Handling of firearms and the use of force” training provided by the École nationale de police du Québec or one of its accredited instructors – **Enclose your certificate of achievement.**
- I hold a valid authorization to carry firearms (ATC) – **Enclose a legible copy of your authorization to carry firearms.**

**SECURITY CONSULTING**

- Enclose **any relevant proof** of training courses or professional experiences, certified by third parties, showing your competencies and skills in the provision of consulting services on methods of protection against theft, intrusion or vandalism, particularly by developing plans or specifications, or presenting private security projects.

## SECTION E: EQUIVALENCE OF KNOWLEDGE AND SKILLS

You do not have the training required by regulation for the licence class you are applying for?

To enable the BSP to assess the equivalence of your knowledge and skills, **enclose:**

- Any relevant or related **PROOF OF TRAINING**, demonstrating the nature and the content of the courses taken and the results achieved
- Diplomas or certificates of successful completion of training or traineeships
  - Official transcripts
- Any relevant **EVIDENCE OF EXPERIENCE**
- Declaration from current or former employers (including job title, job description, number of years of experience and number hours worked per year)
  - **For security guarding:** record of hours worked issued by the Parity Committee of security guards
- For security guarding:** at all times, enclose a copy of a workplace first aid certificate (CNESST - 16 h).

## SECTION F: CURRENT JOB\* IN PRIVATE SECURITY (Add appendix if needed)

Not applicable

\*It is **mandatory to declare any employer** for which you carry out private security activities and to inform the Bureau within 30 days of any change or addition of employer, under penalty of fines.

<b>Employer name</b>			
<b>Address</b> (No. and street)			<b>Suite</b>
<b>City</b>		<b>Province</b>	<b>Postal code</b>
<b>Phone number</b>	<b>Ext.</b>	<b>Employer e-mail address</b>	
<b>Job title</b>			<b>Since (YYYY/MM/DD)</b>

## SECTION G: PHYSICAL AND MENTAL CONDITION - INFORMATION

The **Bureau may request a medical certificate** certifying that you are in a physical and mental condition that allows to carry on the private security activity for which you are applying for a licence (Sections 19 (5°) PSA and 11 (2.2°) and 12.1 (2°) of the Regulation under the PSA).

If the Bureau determines that it is appropriate to request it from you, we will provide you with the necessary instructions.





**SECTION I: PAYMENT SHEET**

Applicant surname

Applicant first name

**Is this agent licence application filed along with an agency licence application?**

No     Yes, name of agency: \_\_\_\_\_

**PAYABLE FEES (NON-REIMBURSABLE)**

Check the class for which the application is filed, and indicate the corresponding amounts on the line on the right. Add all amounts, and write the total amount next to "Total amount to pay".

Note that the payable fees are **non-reimbursable at all times**, including in case of refusal or cancellation of your application. (Art.12 of the *Regulation under the Private Security Act*)

**Pricing effective from  
January 1, 2026**

<input type="checkbox"/> Security guarding	<b>\$69.50</b>		\$ _____
<input type="checkbox"/> Investigation	<b>\$69.50</b>	+	\$ _____
<input type="checkbox"/> Locksmith work	<b>\$69.50</b>	+	\$ _____
<input type="checkbox"/> Electronic security systems	<b>\$69.50</b>	+	\$ _____
<input type="checkbox"/> Transport of valuables	<b>\$69.50</b>	+	\$ _____
<input type="checkbox"/> Security consulting	<b>\$69.50</b>	+	\$ _____

**Total amount to pay:**    \$

**METHODS OF PAYMENT**

**Payment card**   
  Mastercard   
  Mastercard prepaid   
  American Express  
 Visa   
  Visa prepaid   
  Visa Debit

\_\_\_\_\_   
 \_\_\_\_\_   
 \_\_\_\_\_  
**Card number**    **Exp (MM/YY)**    **N° CVV2\*** number on the back of your card.

Card holder surname

Card holder first name

**CONSENT AND AUTHORIZATION OF THE CARD HOLDER:** I understand that the BSP collects my card payment information to carry out the transaction required to file this application and I understand that I have the right to access, rectify and withdraw my consent regarding this information which will be held by the Bureau. I also understand that this information may be communicated only to employees for whom it is necessary to access it in the exercise of their duties and to any person who with your authorization or in compliance with the law, such as any payment intermediary in order to carry out this transaction. Finally, I understand that the transmission of this information is not mandatory since several other payment methods are available. I declare that I consent to the Bureau collecting, using, communicating, storing for the necessary period, protecting, and destroying this personal information concerning me in accordance with this declaration.



\_\_\_\_\_ **Card holder signature**

Date (YYYY/MM/DD) \_\_\_\_\_

Telephone \_\_\_\_\_

**Other methods of payment accepted**

**Cheque payable to the Bureau de la sécurité privée**  
 (mail-in application only - no post-dated cheques accepted)  
 **Bank or postal money order payable to the Bureau de la sécurité privée**  
 (mail-in application only)