

## AGENT LICENCE REPLACEMENT APPLICATION

For lost or stolen licences

### 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.

### SECTION A: AGENT IDENTIFICATION

Surname		First name	
Date of birth (YYYY/MM/DD)  _ _ _ _ / _ _ / _ _		Mother's maiden name	
Address (No. and street)			Apt.
City		Province	Postal code  _ _ _ _
Cell phone	Other phone number	Ext.	
E-mail address			

### SECTION B: LICENCE(S) TO REPLACE (Check the class(es) for which the agent licence replacement application is filed).

**I hereby request** the Bureau de la sécurité privée to replace my agent licence(s) for the following class(es):

<input type="checkbox"/> Security guarding	<input type="checkbox"/> Locksmith work	<input type="checkbox"/> Transport of valuables	<input type="checkbox"/> Immediate superior
<input type="checkbox"/> Investigation	<input type="checkbox"/> Electronic security system	<input type="checkbox"/> Security consulting	

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**I certified** that this (these) licence(s) was (were):

<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen
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### SECTION C: APPLICANT DECLARATION

I declare that all the information provided in this form 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** (YYYY/MM/DD):   |\_|\_|\_|\_|/|\_|\_|/|\_|\_|



\_\_\_\_\_ **Applicant handwritten signature**



