

REQUEST FOR THE REVOCATION OF A LICENCE (AGENT)

To submit your request

Online at 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.

You must surrender your licence to the Bureau within 15 days of its revocation. If you have already ceased to practice, we invite you to send it along with this revocation form.

SECTION A: 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 B: REQUEST FOR LICENCE REVOCATION

I hereby request of the Bureau de la sécurité privée to revoke my agent licence of 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 | |

Reasons for the request for revocation:

SECTION C: APPLICANT DECLARATION

I understand that no fees can be refunded with regards to the licence for which this request for revocation applies to. I also understand that pursuant to Section 16 of the *Private Security Act*, I shall be strictly prohibited from engaging in the private security activity corresponding to that licence, as of the date of its revocation, under penalty of penal sanctions as provided for by the Act. I declare that all information provided in this form is accurate and complete.

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

| | | | | | | |



Licence holder handwritten signature