

ADDITION OF A TEMPORARY AGENT LICENCE

To file your application

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.

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 in 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 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 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 H for methods of payment).
- Section A "Consent regarding personal information"** duly **signed** and **dated**.
- Documents supporting your temporary licence application as described in Section F**, according to the purpose for which the temporary licence application is filed.

PLEASE DO NOT SEND ORIGINAL DOCUMENTS, EXCEPT THE APPLICATION FORM

FORM – ADDITION OF TEMPORARY AGENT LICENCE

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.

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):



Applicant 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: TEMPORARY AGENT 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 F.1)
 For the special needs of an investigation (complete Section F.2)
 For the needs of temporary labour on a special event (complete Section F.3)

Requested validity period* (AAAA/MM/DD) From to .

* Cannot exceed 120 days.

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

F.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.

F.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

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

(Such as sports or cultural activities, a labour 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 - LLabour dispute, disaster, pandemic

SECTION G: 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:

- Comply at all times with the standards of conduct prescribed by the regulation;
- Not engage in any private security activity other than for the purpose specified in Section F, 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 times 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 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, accusation or guilt of a penal or criminal offence, any employment in a police force.

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 a temporary licence before it expires.

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 (YYYY/MM/DD):



Applicant handwritten signature





Appendix 1

Employer Declaration

TRAINEESHIP IN PRIVATE SECURITY

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

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

Appendix 2

Employer Declaration

WORK-STUDY PROGRAM

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

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 or security guarding 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.

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

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 ("**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

Appendix 4

Employer Declaration

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