

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 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's 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 et surname (please print)

Phone number (day)

Title

Email address