

## 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 class (licence class) (« **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's 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 et surname (please print)

\_\_\_\_\_  
Phone number (day)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email address