

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