

(Section 17(3) of the Regulation under the Private Security Act (CQLR, c. S-3.5, r.1))

EMPLOYER'S DECLARATION – SPECIAL EVENT

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 sports or cultural activities, a labour dispute, or a disaster). Missing information will cause additional delays in processing and could lead to the refusal of the applicant's licence application.

The employer _____ (name of employer), located at _____ (employer's address) (« **Employer** ») supports the temporary agent licence application in _____ (licence class) (« **Temporary Licence** ») of _____ (Applicant's 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** ») (If several special events, attach a list of events to this Appendix 4, including all the information below for each event):

Event's name or description: _____

Event's location: _____

Start date: _____ (YYYY/MM/DD)

End date: _____ (YYYY/MM/DD) *

Supervisor's name: _____ (Supervisor's first name and surname)

Supervisor's regular agent licence number: _____

*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's 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 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 constant supervision of a holder of a regular agent licence of the same category as that of the Temporary Licence (s. 19 Regulation under the PSA).
- iii. to inform the Bureau de la sécurité privée without delay if they cease to use the Applicant's services (s. 21 Regulation under the PSA).

AUTHORIZED EMPLOYER'S REPRESENTATIVE

Signature

Date (YYYY/MM/DD)

First name et surname (please print)

Phone number (day)

Title

Email address