

RAC-SER PROGRAM PARTICIPATION FORM

SECTION A : IDENTIFICATION OF THE PARTICIPATING LOCKSMITH AGENCY

Legal entity name	
Québec Enterprise Number (NEQ)	File number or BSP agency licence
Representative surname	Representative first name

SECTION B : AGENCY STATEMENT AND COMMITMENT

Authorization

I declare submitting and signing this RAC-SER program participation form on behalf of the enterprise identified in Section A (the "**Agency**") as a representative, and I declare that I am duly authorized to sign the document in lieu of the enterprise.

RAC-SER PROGRAM

I have read and understand the parameters of the RAC-SER program as described in Appendix A.

The Agency understands that in order for a participant to carry on locksmith activities they must obtain a RAC-SER temporary locksmith licence.

The Agency undertakes that a regular locksmith agent licence holder in its service will supervise the participant **actively and continuously**, in carrying on locksmith activities subject to the PSA.

The Agency is committed to having one or more holders of a regular locksmith agent licence in its service to provide the participant with the technical, theoretical or practical knowledge in locksmithing.

Eligibility requirements

The Agency understands that for an enterprise to be eligible to participate in the RAC-SER program, it must hold and remain the holder of a valid locksmith agency licence throughout its participation period.

Limitation of Liability

The Agency understands that any RAC process is the sole responsibility of the school service centre offering this services and that there is no guarantee that the competencies acquired by a participant under the RAC-SER program will allow them to successfully undertake a RAC process. The agency exempts the Bureau de la sécurité privée from any liability in this regard.

Signature

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 BSP.

In witness whereof, I have signed on (YYYY/MM/DD) : _____.

Representative handwritten signature