

Employer Declaration PROGRAM FOR RECOGNITION OF ACQUIRED COMPETENCIES IN LOCKSMITHING (RAC-SER)

EMPLOYER DECLARATION – ACQUISITION OF COMPETENCIES IN LOCKSMITHING

INSTRUCTIONS: All fields in this appendix **must be filled out** by the employer of the temporary agent licence applicant to enable them to acquire locksmith competencies in order to undertake a process of recognition of acquired competencies (RAC) that may qualify them for the issuance of a regular locksmith agent licence. Missing information will cause additional delays in processing and could lead to the refusal if the applicant's licence application.

The employer _____ (name of employer), located at _____ (employer's address ("**Employer**")) supports the temporary agent licence application in the class of locksmithing ("**Temporary Licence**") of _____ (Applicant's first name and surname) whom date of birth is _____ (YYYY/MM/DD) ("**Applicant**").

The Employer certifies that it has read the parameters of the program.

The Employer certifies that the Applicant is expected to undertake a process of recognition of acquired competencies in locksmithing in accordance with the process of the RAC-SER program.

The Employer undertakes, if the Temporary Licence is issued to the Applicant:

- i. that the Applicant services are only used for the purpose of acquiring competencies in connection with the RAC-SER program (s. 20 Regulation under the PSA);
- ii. that the Applicant, in the performance of their duties, is under the on-site at all times 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);
- iii. to inform the Bureau de la sécurité privée 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