

TEMPORARY AGENT LICENCE APPLICATION

(Except for event security: see form 194.024.)

Fill out your form along with the required documents and submit your application online via the special section on our website: bspquebec.ca/COVID-19.

Carefully read the steps to follow before submitting your application.

***** ONLY APPLICATIONS SENT ELECTRONICALLY WILL BE PROCESSED; NO APPLICATIONS SHALL BE RECEIVED BY MAIL OR IN PERSON. *****

Thank you for your understanding.

Notice: Not filling out all sections of this form or not sending all required documents or payment could lead to the inadmissibility of your application and return of your documents, and / or significantly delay the processing of your application.

BEFORE PROCEEDING

Please read the following instructions carefully:

- ✓ The form must be filled out and signed by the applicant.
- ✓ The applicant must be at least 18 years of age (except if the temporary licence application is filed while the applicant is receiving a training that may qualify a person for the issuance of an agent licence, in particular during an internship).
- ✓ You must fill out and send all pages of the form, including the payment sheet.
- ✓ You must read the declaration (Section J) and sign within the inner limits of the signature box. This signature will appear on your licence.
- ✓ A respondent must authenticate your photos, and fill out and sign Section K.
(See section COVID-19 at bspquebec.ca)
- ✓ The information written must be neat, legible and in block letters.

DOCUMENT CHECKLIST

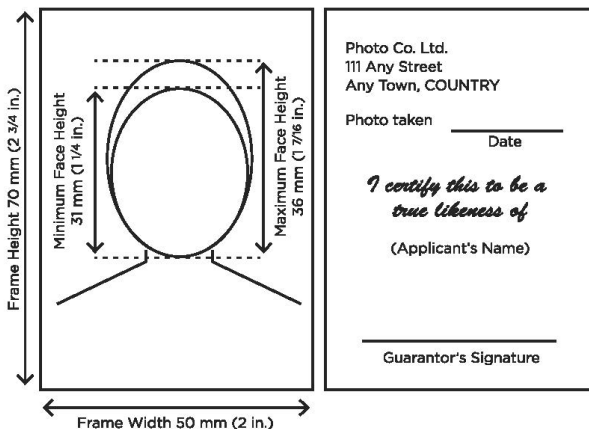
The licence application must include **all** of the following documents:

- Original** and **complete** temporary agent licence application form, duly **filled out**, **dated** and **signed**.
- Payment of fees (see Section L for methods of payment).
- A copy of your **birth certificate**:

For applicant **born in Canada**: issued by the Directeur de l'état civil or Vital Statistics Agency of your province of origin.

For applicant **born outside of Canada**: issued by the competent government authority of your country of origin. Please note that your birth certificate must be in French or English, otherwise you must also provide us with a translation into one of these official languages made by a member of the Ordre des traducteurs, terminologies et interprètes agréés du Québec.

- A copy of your **valid driver licence** (necessary, if you have one), or **if you do not have one, of another valid piece of photo identification** issued by a government in Canada (federal or provincial) including name, photo, signature and date of birth, among the following: passport, health insurance card, Canadian citizenship certificate (card), permanent resident card, Certificate of Indian Status.
- Two (2) identical colour photos in a passport format (5 cm x 7 cm)** taken during the six (6) month period preceding the application. The photos must be taken facing front, against a white background, and show the applicant from the shoulders up. The applicant must be bare-headed. The photos must be dated on the back with a dater. **One of the photos must be authenticated by your respondent**, who must meet the criteria of Section K. Example*: (See section COVID-19 at bspquebec.ca)



Note: A hat or head covering may not be worn unless it is worn daily for religious or medical reasons.

However, your entire face must clearly appear and head covering should not create shading on the face.

*Does not correspond to actual size – Please refer to the indicated measures.

- Document supporting your temporary licence application as described in Section E**, according to the purpose for which the temporary licence application is filed.

IMPORTANT: PLEASE DO NOT SEND ORIGINAL DOCUMENTS, EXCEPT THE APPLICATION FORM

FORM – TEMPORARY AGENT LICENCE APPLICATION

SECTION A: APPLICANT IDENTIFICATION			
Surname		First name	
Do you use another name and/or surname? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:			
Other surname		Other first name	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (YYYYMMDD)	SAAQ Driver licence <input type="checkbox"/> I do not have one.	
Your mother surname at birth			
Language of correspondence: <input type="checkbox"/> French <input type="checkbox"/> English		Means of communication: <input type="checkbox"/> Regular mail <input type="checkbox"/> E-mail	
Do you already hold a licence from the BSP? <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate your licence No.: _____			

SECTION B: APPLICANT HOME ADDRESS			
Civic No.	Street	Apt.	
City		Province	Postal code
Home phone number		Cell phone or other phone number	
E-mail address			
Since when do you live at this address?		Date: / / YYYY MM DD	
If it has been less than five (5) years, indicate all other addresses for the past five (5) years (Civic No., street, apt., city, postal code, province)		From (YYYY/MM)	To (YYYY/MM)

SECTION C: DECLARATION RELATIVE TO JUDICIAL OR DISCIPLINARY HISTORY
Unless you have obtained a pardon, have you ever been found guilty, at any place, of a criminal or a penal offence, or a disciplinary offence under the <i>Private Security Act</i> ? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____
Are you currently facing charges of a criminal or penal nature, or procedures of a disciplinary nature under the <i>Private Security Act</i> ? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____

SECTION D: TEMPORARY LICENCE FOR WHICH THE APPLICATION IS FILED
Class for which the application is filed: <input type="checkbox"/> Security guarding <input type="checkbox"/> Investigation <input type="checkbox"/> Locksmith work <input type="checkbox"/> Transport of valuables

Period covered: from _____ to _____.*

* The term of the temporary licence cannot exceed 120 days.

SECTION E: PURPOSE FOR WHICH THE TEMPORARY LICENCE APPLICATION IS FILED (Fill out the subsection that applies).

FOR TRAINING PURPOSES (Towards qualification for the issuance of a regular agent licence, including internships).

Name of the institution

Name of the organisation where the internship will be done

Organisation phone number

Address of the organisation where the internship will be done (Civic No., street, apt., city, postal code, province)

ENCLOSE: You must enclose: 1) A confirmation that you are registered in a training program which may qualify you to obtain a regular agent licence; **AND 2) A declaration from the employer where you will be in internship as a part of this training program, indicating where and when it will be held, and the name and agent licence number of the person who will supervise you at that employer.**

FOR THE SPECIAL NEEDS OF AN INVESTIGATION (In particular to act as an undercover agent or double agent).

Nature of the investigation

Employer name

Address (Civic No. and street)

Suite

City

Province

Postal code

Phone number

Ext.

ENCLOSE: You must enclose a declaration from your employer indicating:

- ✓ the name and investigation agent licence number of your supervisor;
- ✓ the reason why this employer needs your services specifically;
- ✓ the period for which your temporary services are required.

TEMPORARY LABOUR ON THE OCCASION OF A SPECIAL EVENT (i.e. an exceptional or unusual event, such as a labour dispute, a disaster or a pandemic).

Nature of the special event

Employer name

Address (Civic No. and street)

Suite

City

Province

Postal code

Phone number

Ext.

ENCLOSE: You must enclose a declaration from your employer indicating:

- ✓ the name and agent licence number of your supervisor (which is in the same class that the temporary licence you are applying for);
- ✓ the name or description of the special event for which your temporary services are required;
- ✓ the date and place where such event will take place.

SECTION F: OTHER CURRENT JOB IN PRIVATE SECURITY (Add an appendix if necessary). <input type="checkbox"/> Not applicable		
Employer name		
Address (Civic No. and street)		Suite
City	Province	Postal code
Phone number	Ext.	
Job title	Since (YYYY/MM/DD)	

SECTION G: ARE YOU IN THE EMPLOY OF A POLICE FORCE? <input type="checkbox"/> No <input type="checkbox"/> Yes*, specify:		
Police force		
City	Province	
Job title	Since (YYYY/MM/DD)	
*This employment may be incompatible with holding an agent licence in private security. For any information on this subject, contact our Information Service.		

SECTION H: REQUEST FOR CONSENT – CANADA ANTI-SPAM LEGISLATION
<p>In compliance with Canada anti-spam legislation, we must obtain your consent in order to send you certain electronic communications of a commercial nature. Thus, to be added to our mailing list, give us your consent by checking the box below:</p> <p><input type="checkbox"/> I consent to receive electronic communications of a commercial nature from the BSP.*</p> <p>Please note that should you not consent to receive messages of a commercial nature, the BSP will continue to send you informative messages, including messages relative to the protection of the public or your obligations as a licence holder.</p> <p>*You may withdraw your consent at any time by e-mail at communications@bspquebec.ca.</p>

SECTION I: ACCESS TO INFORMATION AND PROTECTION OF PERSONAL INFORMATION
<p>Personal information is collected for the purpose of the application of the <i>Private Security Act</i> and will only be used for this purpose. This information will be available only to employees if required in the performance of their duties. This information can be disclosed to third parties within the limits of the <i>Act respecting Access to documents held by public bodies and Protection of personal Information</i>, or with the consent of the person to whom the information relates.</p>

SECTION J: DÉCLARATION

NOTICE – Any false or misleading declaration with respect to this form or any supporting document to this application, including the non divulgation of any material fact, may result in a refusal to issue, or the suspension or the revocation of an agent licence.

I declare that I have read and understand the above-stated **NOTICE**.

I declare that I am aware of the responsibilities and obligations incumbent upon me pursuant to the *Private Security Act* and its regulation.

I understand that this licence is issued solely for the purpose specified in Section E and **I undertake to notify the Bureau de la sécurité privée immediately if I cease to perform the specific activity** for which I was issued a temporary licence before it expires.

I authorize the Bureau de la sécurité privée to corroborate with my employer or my training institution, if applicable, any information related to the documents I provided in support of my temporary licence application, and I authorize the Bureau to obtain any additional information or documents from such persons, if needed.

I understand that I shall pay annual fees if I renew a temporary licence for a period exceeding one (1) year.

Furthermore, I undertake to immediately inform the Bureau de la sécurité privée of any change relative to my address or employer.

I declare that the photos enclosed hereto were taken during the last six (6) months and reflect my actual physical appearance.

I authorize the Bureau de la sécurité privée to provide the Sûreté du Québec with the information required to verify that the conditions stated in paragraphs 2 and 3 of Section 19 of the *Private Security Act* are met. Moreover, I understand that the Sûreté du Québec is authorized pursuant to the *Private Security Act* to inform the Bureau de la sécurité privée of the results of such verifications, and its follow-up, and to give its opinion as to compliance with said conditions.

I solemnly declare that I am the applicant for this agent licence application. I declare that all the information provided herein is accurate and complete and that any change modifying that information will **immediately** be communicated to the Bureau de la sécurité privée.

In witness whereof, I have signed:

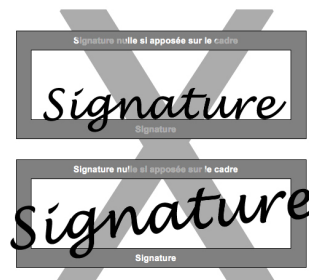
SIGN WITHIN THE BORDERS OF THE SIGNATURE BOX

Void if signature touches border

Signature

Date

Y	Y	Y	Y	M	M	D	D
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SECTION K: RESPONDENT

The respondent (including any commissioner for oaths, notary or lawyer) must:

- ✓ Fill out subsections K.1, K.2 and K.3
- ✓ Authenticate one of the photos accompanying this application

NOTICE – The respondent must be a Canadian citizen or permanent resident and be at least 18 years of age. The respondent must have known the applicant personally for at least one (1) year and must be available for verification by the Bureau de la sécurité privée.

If you have not known anyone for at least one (1) year, the only people authorized to act as your respondent and authenticate your photo are a commissioner for oaths, a notary or a lawyer.

K.1: RESPONDENT IDENTIFICATION

Surname				First name			
Occupation				Professional number (if applicable)			
Address (Civic No. and street)						Suite/Apt.	
City				Province			
Postal code		E-mail address					
Phone number (day)			Ext.	Cell phone or other phone number			
I have known the applicant for _____ year(s)				Relation to applicant			

K.2: AUTHENTICATION OF PHOTOS

The respondent must write: **"I certify the authenticity of this photo of (name of applicant)"** on the back of one of the photos and must sign this same photo.

K.3: DECLARATION OF RESPONDENT

I declare that I have read and understood the above-stated **NOTICE**.

I declare that I have personally known for at least one (1) year the applicant named below and whose signature appears in Section J of this form and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the applicant.

Declaration of the commissioner for oaths, notary or lawyer: I declare that I have seen the applicant named below and whose signature appears in Section J of this form and I certify the authenticity of its photos attached hereto, which reflect the actual physical appearance of the applicant.

_____ (write the APPLICANT NAME in block letters)

_____ Respondent signature (Including any commissioner for oaths, notary or lawyer). Date

Y	Y	Y	Y	M	M	D	D

SECTION L: PAYMENT SHEET

Applicant surname

Applicant first name

PAYABLE FEES

Check the class for which the application is filed, including the Verification of conditions, and indicate the corresponding amounts on the line on the right. Add all amounts, and write the total amount next to "Total amount to pay".

	<u>From Jan 1st, 2020</u>		
<input type="checkbox"/> Security guarding	\$57.00		\$
<input type="checkbox"/> Investigation	\$57.00	+	\$
<input type="checkbox"/> Locksmith work	\$57.00	+	\$
<input type="checkbox"/> Transport of valuables	\$57.00	+	\$
<input checked="" type="checkbox"/> Verification of conditions (Non-refundable if application is cancelled or refused).	\$88.00	+	\$ 88.00
Total amount to pay:			\$




METHODS OF PAYMENT

Select a method of payment for this transaction:

Interac e-Transfert (Recipient: Bureau de la sécurité privée, Email: comptabilite@bspquebec.ca, Security Question: reason for payment, Security Answer: permis, Reason: Name, First Name, Date of Birth (DAY,MONTH,YEAR), Email and Phone.

Bank or postal money order payable to the Bureau de la sécurité privée

Credit card, prepaid credit card, Visa Debit:

<input type="checkbox"/>		MasterCard	Card number	Exp (MM/YY)
<input type="checkbox"/>		Visa, Visa Debit		
<input type="checkbox"/>		American Express		N° CVV2*
			* N° CVV2: Security number of 3 or 4 digits on the back of your credit card.	

Card holder surname

Card holder first name

AUTHORIZATION – I authorize the Bureau de la sécurité privée to debit my credit card with the required amount for the processing of this application.

_____	Date	Y Y Y Y	M M	D D
Card holder signature				
Phone number				