

 Newfoundland Labrador <small>GOVERNMENT OF NEWFOUNDLAND AND LABRADOR Service NL</small>	APPLICATION AGENCY LICENCE PRIVATE INVESTIGATION AND SECURITY SERVICES ACT	FOR OFFICE USE ONLY
		Receipt No.
		Agency No.
		Application No.
		Licence No.

LICENCE TYPE: PRIVATE INVESTIGATION SECURITY GUARD BURGLAR ALARM
 ARMoured COURIER SECURITY CONSULTING

TYPE OF BUSINESS: CORPORATION PARTNERSHIP SOLE PROPRIETOR

CORPORATION OR PARTNERSHIP (PLEASE PRINT)

Legal Name of Business

SOLE PROPRIETOR

Last Name	First Name	Middle Name(s)	Previous legal name, aliases, etc.
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BUSINESS OPERATING/TRADE NAME (IF APPLICABLE)

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MAILING ADDRESS OF BUSINESS

Street Name and No.	P.O. Box, R.R. No.	City/Town	Province
Postal Code	Website Address	Business Telephone No.	Business Fax No.

OFFICE LOCATION IN NEWFOUNDLAND AND LABRADOR

Street Name and No.	City/Town	Province	
Manager Last Name	First Name	Middle Name(s)	Previous legal name, aliases, etc.

BRANCH OFFICE LOCATIONS

Please attach list of branch office locations in the Province. (If changed since last licencing period)

LICENCE HISTORY

Has the agency ever been registered or licenced to engage in the business of providing security or investigative services under any name other than the name in which this application is submitted? If yes give particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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BOND INFORMATION

Bond Amount	Bond Number	Bonding Company	Bond Expiry Date
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SIGNING AUTHORITIES

Please attach a list of all individuals who have signing authority on behalf of your agency. Also provide copies of specimen signatures.
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AGENTS/SECURITY GUARDS

Maximum number of agents/security guards to be employed in the Province.
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THE FOLLOWING SECTION MUST BE COMPLETED BY A SOLE PROPRIETOR AND THE MANAGER FOR A CORPORATION OR PARTNERSHIP

PERSONAL INFORMATION

Residence Mailing Address		City/Town		Province		Postal Code	
Residence Telephone No.		Residence Fax No.		E-Mail Address			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Y M D	Place of Birth	Height	Weight	Eye Color	Hair Color	Distinguishing Marks
Driver's Licence No.	Province/State of Issue		Government Issued Photo ID and Type			Social Insurance No.	
Are you a Canadian Citizen? If No, provide a copy of immigration/work visa documents.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate if you are a: <input type="checkbox"/> Special Constable <input type="checkbox"/> Provincial Civil Constable Or Member of a <input type="checkbox"/> Police Service <input type="checkbox"/> Auxiliary Police							
PLACE OF RESIDENCE FOR THE PAST 5 YEARS (INCLUDE FULL MAILING ADDRESS AND ATTACH SEPARATE SHEET IF NECESSARY)							
EMPLOYMENT RECORD DURING THE PAST 5 YEARS (ATTACH SEPARATE SHEET IF NECESSARY)							
TRAINING/EXPERIENCE (PROVIDE TRAINING/EXPERIENCE IN THE SECURITY INDUSTRY AND ATTACH SEPARATE SHEET IF NECESSARY. IF THE REQUIRED TRAINING HAS BEEN COMPLETED, PLEASE ATTACH A COPY OF YOUR DIPLOMA OR CERTIFICATE)							

CRIMINAL RECORD SCREENING

Have you or any partners, officers, directors or managers for the agency, or has the agency been charged with any criminal offence under any statute of the Parliament of Canada in the past 5 years? If Yes, please attach particulars.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any partners, officers, directors or managers for the agency, or has the agency, been convicted or found guilty of an offence under the law of any country, state or province in the past 5 years? (Include absolute discharge and conditional discharge) If Yes, please attach particulars.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DECLARATION AND AUTHORITY FOR RELEASE OF INFORMATION (TO BE COMPLETED BY ALL APPLICANTS)	
<p>I hereby certify that the information set out in this application is true and correct to the best of my knowledge and belief. I hereby consent to a police records and background check. I hereby consent to the disclosure of the result of a police records and background check, and authorize any police service that is requested to perform such a check to disclose any or all information obtained by the police records and background check to the appropriate authority or any person authorized by him or her. I hereby consent that the information provided may be shared with government administrators in other provinces, states or countries for use consistent with this legislation. Caution: Any person who knowingly furnishes false information in any application under the Act is guilty of an offence.</p>	
_____	_____
DATE	SIGNATURE
_____	_____
DATE	NAME (PLEASE PRINT)