

## APPLICATION AGENT LICENCE PRIVATE INVESTIGATION AND SECURITY SERVICES ACT

FOR OFFICE USE ONLY					
Receipt No.					
Agent No.					
Application No.					
Licence No.					

LICENCE TYPE:           BUR		IVATE I											
APPLICANT INFORMATION (PLEASE PRINT)  Last Name First Name					Middle Name(s) Previous le					ious legal r	egal name, aliases, etc.		
Residence Mailing Address	City/Town			Province			ce	I F			stal Code		
Residence Telephone No. Busin		ness Tele		Fax	No.		E-Mail Addre						
Armoured Vehicle Guards On Valid Firearms Licence ☐ Ye	Province Of Issue F			PAL Licence No. and Expiry			ry Date	Date ATC a			nd Expiry Date		
PHYSICAL DESCRIPTION													
□ Male Date of Birth Y M D □ Female				Heigl	ht	Weight	Eye Colou		Hai	ir Colour	r Colour Distinguishii		
<u> </u>													
Driver's Licence No. Province/State of Issue G				Govern	vernment Issued Photo ID and Type Social In						surance Number		
Are you a Canadian Citizen? If No, provide copy of immigration/work visa documents.										□ Yes □ No			
EMPLOYER	C. II												
Employing Agency (Please gi Location of Agency	ve full nam	e of the	agency)										
PLACE OF RESIDENCE FO	OR THE F	PAST 5	VFARS (IN	CI LIDE EI	пі м.	ATI ING AD	ND FSSFS	Δ NID ΔΤ	тасн	CEDARATES	LUEET IE	NECESSARY)	
PLACE OF RESIDENCE FOR THE PAST 5 YEARS (INCLUDE FULL MAILING ADDRESSES AND ATTACH) ADDRESS							FROM (YEAR)		TO (YEAR				
CURRENT EMPLOYMENT A	ND FMPI	OVME	NT RECOR!	ם חוותו	NG T	THE PAS'	T 5 YFA	RC (AT	тасн	SEDADATE S	UEET IE	MECESSARY)	
ADDRESS	TAD EMIL E	OTME	VI RECORD	O DOKI	NG I	HE I AU	I U IEEE	NO (AT	IACII	SEFARATE SI	пест п	NECESSAR1)	

## CRIMINAL RECORD SCREENING Have you been charged with any criminal offence under any statute of the Parliament of Canada in the past 5 years? If Yes, please attach particulars. □ Yes □ No Have you 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) □ Yes □ No LICENCE INFORMATION Have you ever been refused a security industry licence in any province, state or country? □ Yes If Yes, please attach particulars. □ No Are you currently or have you been previously licenced in the security industry in any province, state or country? □ Yes If Yes, please attach particulars. □ No Indicate if you are a: Description Special Constable Provincial Civil Constable Or a member of a Police Service Auxiliary Police TRAINING/EXPERIENCE (PROVIDE TRAINING/EXPERIENCE IN THE SECURITY INDUSTRY AND ATTACH SEPARATE SHEET IF NECESSARY. IF THE REQUIRED TRAINING COURSE HAS BEEN COMPLETED, PLEASE ATTACH COPY OF DIPLOMA OR CERTIFICATE) DECLARATION AND AUTHORITY FOR RELEASE OF APPROVAL OF EMPLOYING AGENCY INFORMATION (TO BE COMPLETED BY THE APPLICANT) We have reviewed this completed application and have 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 approved the applicant for hiring. a police records and background check. I hereby consent to the disclosure of the results 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 NAME OF AGENCY 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. SIGNATURE OF AUTHORIZED SIGNING OFFICER **CAUTION:** Any person who knowingly furnishes false information in any application under the Act is guilty of an offence. In addition the NAME OF AUTHORIZED SIGNING OFFICER (PLEASE PRINT) licence may be refused. DATE **SIGNATURE**

NAME (PLEASE PRINT)

DATE