APPLICATION FOR A RENEWAL OF SECURITY WORKER LICENCE

CASH, DEBIT CARDS, DEBIT-CREDIT CARDS, PERSONAL OR BUSINESS CHEQUES ARE NOT ACCEPTED. Payment by: Woney order or Certified cheque, MAKE PAYABLE TO THE MINISTER OF FINANCE. ToraL EncloseD Credit Card — using Credit Card Authorization Form (SPD0508) ToraL EncloseD If you hold a VALID 1.2 OR 3 YEAR LICENCE: ON DE YEAR (\$120) TWO YEAR (\$120) THREE YEAR (\$180) If reaction of the following: No I ves, I am the owner and operator of a Sole Proprietorship Security Business (not a Partnership nor Corporation) and I am not required to submit a licensing fee. Expires on: Current Security Business Licence # Expires on: Update information/attach required documents not yet provided. LICENCE #E EXPIRY DATE Do not resubmit formation/attach required documents not yet provided. LICENCE #E EXPIRY DATE Do not resubmit NEED TO SHOW ON YOUR LICENCE) RELOTRONIC LOCKING DEVICE INSTALLER SECURITY ALARM MESPONSE DPRIVATE INVESTIGATOR LICENCE #E SECURITY ALARM MONTOR SECURITY ALARM MONTOR DOC SECURITY GUARD SECURITY ALARM MONT	Payment by: □ Money order or Certified cheque, MAKE PAYABLE TO THE MINISTER OF FINANCE. □ Credit Card Authorization Form (SPD0508) If you hold a VALID 1, 2 OR 3 YEAR LICENCE: □ ONE YEAR (\$60) □ TWO YEAR (\$120) □ THREE YEAR (\$11 If you hold a VALID 90 DAY LICENCE: □ 90 DAYS (\$60) □ ONE YEAR (\$120) □ TWO YEAR (\$120) □ THREE YEAR (\$11 If you hold a VALID 90 DAY LICENCE: □ 90 DAYS (\$60) □ ONE YEAR (\$120) □ TWO YEAR (ENEWAL EEE	CENCE AND RE	ART 1. TERM OF LU
Payment by: Oney order or Certified cheque, MAKE PAYABLE TO THE MINISTER OF FINANCE. Credit Card — using Credit Card Authorization Form (SPD0508) If you hold a VALID 1, 2 OR 3 YEAR LICENCE: ONE YEAR (\$60) TWO YEAR (\$120) THREE YEAR (\$180) If you hold a VALID 90 DAY LICENCE: ONE YEAR (\$60) ONE YEAR (\$120) TWO YEAR (\$180) THREE YEAR (\$240) If you hold a VALID 90 DAY LICENCE: ONE YEAR (\$20) TWO YEAR (\$120) TWO YEAR (\$180) THREE YEAR (\$240) If you hold a VALID 90 DAY LICENCE: ONE YEAR (\$20) TWO YEAR (\$120) TWO YEAR (\$180) THREE YEAR (\$240) If you are a SECURITY BUSINESS OWNER/OPERATOR answer 'yes' or 'no' to the following: No 'Yes, I am the owner and operator of a Sole Proprietorship Security Business (not a Partnership nor Corporation) and I am not required to submit a licensing fee. Current Security Business Licence # EXPIREY DATE Do not resubmit documents already provided to the Registrar. Update information/attach required documents not yet provided. LICENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON YOUL LICENCE) CONTY ALARM NESTALLER - UNDER SECURITY ALARM RESPONSE SUPERVISION SECURITY ALARM NONTOR LOCKSMITH DOCK SMITH DOCK SUPERVISION SECURITY ALARM NONTOR LOCKSMITH DOCK AND VARE AUDARD AND VALLER ONDER SUPERVISION SECURITY ALARM NONTOR LOCKSMITH DODY ARMOUR SALES DOTY ALARM MONTOR CORY AND VARE AUDARD AND VALLER PRAT 33 APPLICATI INFORMATION CURRENT LIEGAL SUPRAMAE / LAST NAME GIVEN / FIRST NAME	Payment by: □ Money order or Certified cheque, MAKE PAYABLE TO THE MINISTER OF FINANCE. □ Credit Card Authorization Form (SPD0508) If you hold a VALID 1, 2 OR 3 YEAR LICENCE: □ ONE YEAR (\$60) □ TWO YEAR (\$120) □ THREE YEAR (\$11 If you hold a VALID 90 DAY LICENCE: □ 90 DAYS (\$60) □ ONE YEAR (\$120) □ TWO YEAR (\$120) □ THREE YEAR (\$11 If you hold a VALID 90 DAY LICENCE: □ 90 DAYS (\$60) □ ONE YEAR (\$120) □ TWO YEAR (QUES ARE NOT ACCEPTED	SS CHEQUES ARE NOT ACCEPTED	ISINESS CH			
Inducey order or Certified Cheque, MAKE PAYABLE TO THE ININISTER OF FINANCE: InterCoseD If you hold a VALID 1, 2 OR 3 YEAR LICENCE: InterCoseD If you hold a VALID 90 DAY LICENCE: InterCoseD If you hold a VALID 90 DAY LICENCE: IntercoseD If you hold a VALID 90 DAY LICENCE: IntercoseD If you hold a VALID 90 DAY LICENCE: IntercoseD If you hold a VALID 90 DAY LICENCE: IntercoseD If you hold a VALID 90 DAY LICENCE: IntercoseD If you hold a VALID 90 DAY LICENCE: IntercoseD If you hold a VALID 90 DAY LICENCE: IntercoseD If you hold a VALID 90 DAY LICENCE: IntercoseD If you hold a VALID 90 DAY LICENCE: IntercoseD If you hold a VALID 90 DAY LICENCE: IntercoseD If you hold a VALID 90 DAY LICENCE: IntercoseD Current Security Business Licence # Expires on: IntercoseD IntercoseD IntercoseD In	□ Money order or Certified cheque, MAKE PAYABLE TO THE MINISTER OF FINANCE. □ Credit Card — using Credit Card Authorization Form (SPD0508) If you hold a VALID 1, 2 OR 3 YEAR LICENCE: □ ONE YEAR (\$120) □ TWO YEAR (\$120) □ TWO YEAR (\$180) □ THREE YEAR (\$1 If you hold a VALID 90 DAY LICENCE: □ ONE YEAR (\$120) □ TWO YEAR (\$180) □ THREE YEAR (\$1 If you hold a VALID 90 DAY LICENCE: □ 0NE YEAR (\$120) □ TWO YEAR (\$180) □ THREE YEAR (\$1 If you are a SECURITY BUSINESS OWNER/OPERATOR answer 'yes' or 'no' to the following: □ □ No □ Yes, I am the owner and operator of a Sole Proprietorship Security Business (not a Partnership am not required to submit a licensing fee. □ Current Security Business Licence # EXPIRY DATE Do not resubmit documents already pro Update information/attach required docu □ LICENCE #E EXPIRY DATE Do not resubmit documents already pro Update information/attach required docu □ LICENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON □ ARMOURED CACKING DEVICE INSTALLER SECURITY ALARM RESPONSE □ PRIVATE IN SUPERVISION □ ELECTRONCI COKING DEVICE INSTALLER □ LOCKSMITH □ LOCKSMITH □ PRIVATE IN SECURITY SUPERVISION □ SECURITY ALARM MONITOR □ LOCKSMITH □ BODY ARM DGG AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) □ Preverusu □ Request authorization to use days						
If you hold a VALID 90 DAY LICENCE: 90 DAYS (\$60) ONE YEAR (\$120) TWO YEAR (\$180) THREE YEAR (\$240) If you are a SECURITY BUSINESS OWNER/OPERATOR answer 'yes' or 'no' to the following: ON ONE YEAR, I am the owner and operator of a Sole Proprietorship Security Business (not a Partnership nor Corporation) and I am not required to submit a licensing fee. Current Security Business Licence # Expires on: DATE 24 APPLICATION DETAILS LICENCE #E EXPIRY DATE Do not resubmit documents already provided to the Registrar. Update information/attach required documents not yet provided. LICENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON YOUR LICENCE) ARMOURED CAR GUARD SECURITY ALARM RESPONSE PRIVATE INVESTIGATOR - UNDER SECURITY ALARM INSTALLER - UNDER CLOSED CIRCUIT TELEVISION INSTALLER OLOCKSMITH CLOCKNITH SECURITY ALARM INSTALLER - UNDER UDER SUPERVISION CLOCKSMITH CLOCKSMITH CLOCKSMITH CLOCKSMITH CLOCKSMITH SECURITY ALARM MONITOR CLOCKSMITH CLOCKSMIT	If you hold a VALID 90 DAY LICENCE: □ 90 DAYS (\$60) □ ONE YEAR (\$120) □ TWO YEAR (\$180) □ THREE If you are a SECURITY BUSINESS OWNER/OPERATOR answer 'yes' or 'no' to the following: □ No □ Yes, I am the owner and operator of a Sole Proprietorship Security Business (not a Partnership am not required to submit a licensing fee. Current Security Business Licence # Expires on: □ PART 2: APPLICATION DETAILS UCENCE #E EXPIRY DATE DO NOT resubmit documents already pro Update information/attach required docu ULCENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFED FOR AND NEED TO SHOW ON □ ARMOURED CAR GUARD SECURITY ALARM SALES UPERVISION □ ARMOURED CAR GUARD SECURITY ALARM SALES UPERVISION □ ELCCTRONIC LOCKING DEVICE INSTALLER SECURITY ALARM SALES UPERVISION □ ELCCENSMITH UDER ULCESSION ULCESSMITH ULCESS						Money order or Certifi
No Yes, I am the owner and operator of a Sole Proprietorship Security Business (not a Partnership nor Corporation) and I am not required to submit a licensing fee. Current Security Business Licence # Expires on: PART 2: APPLICATION DETAILS Do not resubmit documents already provided to the Registrar. Update information/attach required documents not yet provided. LICENCE #E EXPIRY DATE UPOT MM CICENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON YOUR LICENCE) ARMOURED CAR GUARD SECURITY ALARM RESPONSE SECURITY ALARM INSTALLER SECURITY ALARM SALES SUPERVISION CLOCKSMITH SECURITY ALARM INSTALLER UNDER SUPERVISION INSTALLER SECURITY ALARM NONITOR LLOCKSMITH CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME CHRENT LEGAL SURNAME / LAST NAME GIVEN / FIRST NAME CHRENT LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME OTHER ADDITIONAL SURNAME / LAST NAME SURNAME / LAST NAME GIVEN / FIRST NAME OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME M	No Yes, I am the owner and operator of a Sole Proprietorship Security Business (not a Partnership am not required to submit a licensing fee. Current Security Business Licence # Expires on: PART 2: APPLICATION DETAILS Do not resubmit documents already pro Update information/attach required docu LICENCE #E EXPIRY DATE Do not resubmit documents already pro Update information/attach required docu Clicence TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON: ARMOURED CAR GUARD SECURITY ALARM RESPONSE PRIVATE IN SUPERVISIO SECURITY ALARM INSTALLER SECURITY ALARM SALES SUPERVISION SECURITY ALARM MONTOR SECURITY ALARM MONTOR SECURITY ALARM MONTOR SECURITY SECURITY ALARM MONTOR LOCKSMITH BODY ARM DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) SECURITY ALARM MONTOR SECURITY ALARM MONTOR I'request authorization to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL MIDDLE NAME DATE OF CHIR and entered above is the same as recorded previously with the Registrar. I have attached docc mame has been legally changed. MIDDLE I OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE I OTHER ADDITIONAL SURNAME / LAST NAME				· ·		•
No Yes, I am the owner and operator of a Sole Proprietorship Security Business (not a Partnership nor Corporation) and I am not required to submit a licensing fee. Current Security Business Licence # Expires on: PART 2: APPLICATION DETAILS Do not resubmit documents already provided to the Registrar. Update information/attach required documents not yet provided. LICENCE #E EXPIRY DATE UPOT MM CICENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON YOUR LICENCE) ARMOURED CAR GUARD SECURITY ALARM RESPONSE SECURITY ALARM INSTALLER SECURITY ALARM SALES SUPERVISION CLOCKSMITH SECURITY ALARM INSTALLER UNDER SUPERVISION INSTALLER SECURITY ALARM NONITOR LLOCKSMITH CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME CHRENT LEGAL SURNAME / LAST NAME GIVEN / FIRST NAME CHRENT LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME OTHER ADDITIONAL SURNAME / LAST NAME SURNAME / LAST NAME GIVEN / FIRST NAME OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME M	No Yes, I am the owner and operator of a Sole Proprietorship Security Business (not a Partnership am not required to submit a licensing fee. Current Security Business Licence # Expires on: PART 2: APPLICATION DETAILS Do not resubmit documents already pro Update information/attach required docu LICENCE #E EXPIRY DATE Do not resubmit documents already pro Update information/attach required docu Clicence TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON: ARMOURED CAR GUARD SECURITY ALARM RESPONSE PRIVATE IN SUPERVISIO SECURITY ALARM INSTALLER SECURITY ALARM SALES SUPERVISION SECURITY ALARM MONTOR SECURITY ALARM MONTOR SECURITY ALARM MONTOR SECURITY SECURITY ALARM MONTOR LOCKSMITH BODY ARM DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) SECURITY ALARM MONTOR SECURITY ALARM MONTOR I'request authorization to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL MIDDLE NAME DATE OF CHIR and entered above is the same as recorded previously with the Registrar. I have attached docc mame has been legally changed. MIDDLE I OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE I OTHER ADDITIONAL SURNAME / LAST NAME	o' to the following:	s' or 'no' to the following:	/er 'ves' or 'r	ER/OPERATOR answ	BUSINESS OWNE	vou are a SECURITY I
PART 2: APPLICATION DETAILS VYVV MM DD LICENCE #E LICENCE #E Do not resubmit documents already provided to the Registrar. Update information/attach required documents not yet provided. LICENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON YOUR LICENCE) ARMOURED CAR GUARD	PART 2: APPLICATION DETAILS VYVY Mail DD LICENCE #E Do not resubmit documents already pro LICENCE #E Do not resubmit documents already pro Update information/attach required docu UICENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON DARMOURED CAR GUARD SECURITY ALARM RESPONSE PRIVATE IN SECURITY ALARM INSTALLER - UNDER SECURITY ALARM SALES SUPERVISION SECURITY ALARM INSTALLER - UNDER SUPERVISION SECURITY SECURITY ALARM MONITOR LOCKSMITH BODY ARM DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) For security guard work, I request authorization to use dogs for the purpose of: protection detection-drug The name entered above is the same as recorded previously with the Registrar MIDDLE NAME DATE OF The name entered above is the same as recorded previously provided to the Registrar. I have attached docc NOT MIDDLE F OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE F OTHER ADDITIONAL SURNAME / LAST NAME	-	-	-	r of a Sole Proprietor	wner and operator	No \Box Yes, I am the over
PART 2: APPLICATION DETAILS LICENCE #E EXPIRY DATE Do not resubmit documents already provided to the Registrar. Update information/attach required documents not yet provided. LICENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON YOUR LICENCE) ARMOURED CAR GUARD SECURITY ALARM RAD NEED TO SHOW ON YOUR LICENCE) ARMOURED CAR GUARD SECURITY ALARM SESONSE PRIVATE INVESTIGATOR - UNDER SECURITY ALARM INSTALLER - UNDER SCURITY ALARM SALES SUPERVISION SECURITY ALARM INSTALLER - UNDER CLOSED CIRCUIT TELEVISION INSTALLER PRIVATE INVESTIGATOR SECURITY ALARM INSTALLER - UNDER CLOSED CIRCUIT TELEVISION INSTALLER PRIVATE INVESTIGATOR SECURITY ALARM MONITOR LOCKSMITH SECURITY CONSULTANT SECURITY ALARM MONITOR LOCKSMITH BODY ARMOUR SALES DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) SECURITY CONSULTANT SECURITY alarm with use dogs for the purpose of: protection detection-explosives I request authorization to use dogs for the purpose of: protection detection-explosives CURRENT LEGAL SURNAME / LAST NAME LEGAL MIDDLE NAME DATE OF BIRTH GENDER The name entered above is the same as recorded previously provided to the Registrar. I have attacheed documentation proving my n	PART 2: APPLICATION DETAILS LICENCE #E EXPIRY DATE Do not resubmit documents already pro Update information/attach required docu Update information/attach required docu URCENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON ARMOURED CAR GUARD SECURITY ALARM RSPONSE PRIVATE IN BELECTRONIC LOCKING DEVICE INSTALLER SECURITY ALARM SALES SUPERVISION SECURITY ALARM INSTALLER - UNDER CLOSED CIRCUIT TELEVISION INSTALLER PRIVATE IN SECURITY ALARM MONITOR LOCKSMITH BODY ARM DGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) SECURITY For security guard work, I request authorization to use dogs for the purpose of: protection detection-drug I request authorization to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N NAMES GIVEN / FIRST NAME MIDDLE N WYYY MIDDLE N	pires on:	Expires on:	E		s Licence #	urrent Security Busines
LICENCE #E EXPIRY DATE Do not resubmit documents already provided to the Registrar. Update information/attach required documents not yet provided. LICENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON YOUR LICENCE) ARMOURED CAR GUARD SECURITY ALARM RESPONSE PRIVATE INVESTIGATOR - UNDER CELECTRONIC LOCKING DEVICE INSTALLER SECURITY ALARM RESPONSE SUPERVISION SUPERVISION SUPERVISION SECURITY ALARM INSTALLER - UNDER SUPERVISION INSTALLER PRIVATE INVESTIGATOR SUPERVISION SECURITY CONSULTANT SECURITY ALARM INSTALLER - UNDER SUPERVISION SECURITY GUARD SECURITY GUARD SECURITY ALARM MONITOR - LOCKSMITH BODY ARMOUR SALES DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) - BODY ARMOUR SALES PART 3: APPLICANT INFORMATION CURCENT LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF BIRTH GENDER CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME DATE OF BIRTH GENDER The name entered above is the same as recorded previously with the Registrar. I have attached documentation proving my name has been legally changed. MIDDLE NAME MIDDLE NAME PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME SURNAME / LAST NAME G	LICENCE #E EXPIRY DATE Do not resubmit documents already pro Update information/attach required docu LICENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON	YYYY MM DD	YYYY MM DD			DETAILS	
LICENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON YOUR LICENCE) ARMOURED CAR GUARD SECURITY ALARM RESPONSE PRIVATE INVESTIGATOR - UNDER LECTRONIC LOCKING DEVICE INSTALLER CLOSED CIRCUIT TELEVISION INSTALLER UNDER SUPERVISION CLOCKSMITH CLOCKSMITH SECURITY ALARM MONITOR LOCKSMITH BODY ARMOUR SALES DOGS AND RESTRAINTS (PROF OF QUALIFICATION IS REQUIRED) For security guard work, I request authorization to use dogs for the purpose of: protection detection-explosives request authorization to carry and use restraints – nandcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME GIVEN / FIRST NAME MIDDLE NAME SURNAME / LAST NAME GIVEN / FIRST NAME GIVEN / FIRST NAME MIDDLE NAME COTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME GIVEN / FIRST NAME MIDDLE NAME COTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME COTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME COTHER ADDITIONAL CARRANE CITY COTHER ADDITIONAL CARRANE CARRANE CITY COTHER ADDITIONAL CARRANE CITY COTHER ADDITIONAL CARRANE CITY COTHER ADDITIONAL CARRANE CITY COTHER ADDITIONAL CARRANE CITY COTHER COTHER COTHER CITY COTHER COTHE	LICENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON: DARMOURED CAR GUARD SECURITY ALARM RESPONSE PRIVATE IN ELECTRONIC LOCKING DEVICE INSTALLER SECURITY ALARM RESPONSE PRIVATE IN SECURITY ALARM INSTALLER - UNDER CLOSED CIRCUIT TELEVISION INSTALLER PRIVATE IN SUPERVISION LOCKSMITH BECURITY SECURITY ALARM NONITOR LOCKSMITH BODY ARM DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) BODY ARM For security guard work, I request authorization to use dogs for the purpose of: protection detection-drug I request authorization to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL MIDDLE NAME DATE OF The name entered above is different than the one previously provided to the Registrar YVYY MIDDLE NAME OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME AREA CODE & PHONE NO. EMAIL Please print clearly. Business email not accepted. A temporary elec will be sent to this CITIZENSHIP (check only one) I have attached or previously provided a cl				EXPIRY DATE		
ARMOURED CAR GUARD SECURITY ALARM RESPONSE PRIVATE INVESTIGATOR - UNDER ELECTRONIC LOCKING DEVICE INSTALLER SECURITY ALARM SALES SUPERVISION SECURITY ALARM INSTALLER - UNDER CLOSED CIRCUIT TELEVISION INSTALLER PRIVATE INVESTIGATOR SUPERVISION LOCKSMITH SECURITY CONSULTANT SECURITY ALARM MONITOR LOCKSMITH SECURITY GUARD SECURITY GUARD LOCKSMITH BODY ARMOUR SALES DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) For security guard work, I request authorization to use dogs for the purpose of: protection detection-drugs PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME The name entered above is the same as recorded previously with the Registrar YYYY< MM	ARMOURED CAR GUARD SECURITY ALARM RESPONSE PRIVATE IN ARMOURED CAR GUARD SECURITY ALARM RESPONSE PRIVATE IN SECURITY ALARM INSTALLER - UNDER CLOSED CIRCUIT TELEVISION INSTALLER PRIVATE IN SUPERVISION DCCKSMITH PRIVATE IN SECURITY ALARM INSTALLER - UNDER SUPERVISION SECURITY SECURITY ALARM MONITOR LOCKSMITH BODY ARM DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) For security guard work, I request authorization to use dogs for the purpose of: protection detection-drug I request authorization to carry and use restraints – handcuffs only EGAL MIDDLE NAME DATE OF CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF The name entered above is the same as recorded previously with the Registrar YYYY MIDDLE NAME MIDDLE NAME OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME MIDDLE NAME Atlass, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME AREA CODE & PHONE NO. EMAIL Please print clearly. Business email not accepted. A temporary elec MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY <	R AND NEED TO SHOW ON YOUR LI	IFIED FOR AND NEED TO SHOW ON YOUR LICE	QUALIFIED I		ECK THE TYPES OF	CENCE TYPE (ONLY CH
Image: Security alarm installer - UNDER Image: Colored Circuit Television installer Image: PRIVATE INVESTIGATOR Security alarm installer Image: Colored Circuit Television installer Image: PRIVATE INVESTIGATOR Security alarm installer Image: Colored Circuit Television installer Image: PRIVATE INVESTIGATOR Security alarm installer Image: Colored Circuit Television installer Image: PRIVATE INVESTIGATOR Security alarm installer Image: Colored Circuit Television installer Image: Colored Circuit Television installer Security alarm installer Image: Colored Circuit Television Image: Colored Circuit Television Image: Colored Circuit Television Security alarm installer Image: Colored Circuit Television Image: Colored Circuit Television Image: Colored Circuit Television Security alarm installer Image: Colored Circuit Television Image: Colored Circuit Television Image: Colored Circuit Circuit Colored Circuit Circuit Colored Circuit Circui	SECURITY ALARM INSTALLER - UNDER CLOSED CIRCUIT TELEVISION INSTALLER PRIVATE IN SECURITY ALARM INSTALLER CLOSED CIRCUIT TELEVISION INSTALLER SECURITY SECURITY ALARM INSTALLER - UNDER SUPERVISION SECURITY SECURITY ALARM MONITOR LOCKSMITH BODY ARM DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) For security guard work, I request authorization to use dogs for the purpose of: protection detection-drug I request authorization to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF The name entered above is the same as recorded previously with the Registrar YYYY MI The name entered above is different than the one previously provided to the Registrar. I have attached doct name has been legally changed. MIDDLE NAME MIDDLE NAME PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME (Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS CITY PRC (Alias, maiden name, etc.) EMAIL Please print clearly. Business email not accepted. A temporary elec (Alias, maiden name, etc.) EMAIL						,
SUPERVISION □ LOCKSMITH □ SECURITY CONSULTANT □ SECURITY ALARM INSTALLER - UNDER SUPERVISION □ SECURITY GUARD □ SECURITY ALARM MONITOR □ LOCKSMITH □ BODY ARMOUR SALES DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) □ For security guard work, I request authorization to use dogs for the purpose of: □ protection □ detection-drugs □ detection-explosives □ I request authorization to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF BIRTH GENDER □ The name entered above is the same as recorded previously with the Registrar YYYY M DD □ The name entered above is different than the one previously provided to the Registrar. I have attached documentation proving my name has been legally changed. MIDDLE NAME MIDDLE NAME PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME (Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS CITY PROVINCE POSTAL CODE	SUPERVISION □ CCKSMITH □ SECURITY SECURITY ALARM INSTALLER - UNDER SUPERVISION □ SECURITY SECURITY ALARM MONITOR □ LOCKSMITH □ BODY ARM DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) □ For security guard work, I request authorization to use dogs for the purpose of: □ protection □ detection-drug □ I request authorization to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF □ The name entered above is the same as recorded previously with the Registrar Twv MIDDLE NAME □ The name entered above is different than the one previously provided to the Registrar. I have attached doct name has been legally changed. MIDDLE NAME MIDDLE NAME PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAMES (Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAMES RESIDENTIAL ADDRESS CITY PRC MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY Reporary elec (i) EMAIL Please print clearly. Business email not accepted. <td></td> <td></td> <td></td> <td></td> <td>DEVICE INSTALLER</td> <td>ELECTRONIC LOCKING</td>					DEVICE INSTALLER	ELECTRONIC LOCKING
SECURITY ALARM INSTALLER UDDER SUPERVISION SECURITY GUARD SECURITY ALARM MONITOR LOCKSMITH BODY ARMOUR SALES DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) BODY ARMOUR SALES For security guard work, I request authorization to use dogs for the purpose of: protection detection-drugs detection-explosives I request authorization to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION EEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF BIRTH GENDER CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF BIRTH GENDER The name entered above is the same as recorded previously with the Registrar YYYY MM DO The name entered above is different than the one previously provided to the Registrar. I have attached documentation proving my name has been legally changed. MIDDLE NAME PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME CHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS CITY PROVINCE POSTAL CODE	SECURITY ALARM INSTALLER - UNDER SUPERVISION SECURITY SECURITY ALARM MONITOR LOCKSMITH BODY ARM DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) For security guard work, I request authorization to use dogs for the purpose of: protection detection-drug I request authorization to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF The name entered above is the same as recorded previously with the Registrar YYYY MI The name entered above is different than the one previously provided to the Registrar. I have attached doct name has been legally changed. MIDDLE 1 PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE 1 OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE 1 NAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE 1 MAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE 1 MAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE 1 MAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE 1 MAMES SURNAME / LAST NAME GIVEN / FIRST NAME			TELEVISIO		ALLER - UNDER	
SECURITY ALARM MONITOR LOCKSMITH BODY ARMOUR SALES DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) For security guard work, I request authorization to use dogs for the purpose of: protection detection-drugs detection-explosives I request authorization to carry and use restraints – handcuffs only Detection detection-drugs detection-explosives PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF BIRTH GENDER The name entered above is the same as recorded previously with the Registrar YYYY MM DD M F The name entered above is different than the one previously provided to the Registrar. I have attached documentation proving my name has been legally changed. MIDDLE NAME MIDDLE NAME OTHER ADDITIONAL NAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME (Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS CITY PROVINCE POSTAL CODE MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PROVINCE POSTAL CODE	SECURITY ALARM MONITOR DOCKSMITH BODY ARM DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) For security guard work, I request authorization to use dogs for the purpose of: protection detection-drug I request authorization to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF The name entered above is the same as recorded previously with the Registrar YYYY MI The name entered above is different than the one previously provided to the Registrar. I have attached docuname has been legally changed. MIDDLE NAME MIDDLE NAME PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME NAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS CITY PRC MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PRC MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PRC CITIZENSHIP (check only one) I have attached or previously provided a clear and valid considian Passport Will be sent to this CITIZENSHIP (check only one)						
DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) Grown and the provided to the purpose of: protection detection-drugs detection-explosives detection-explosives detection-explosives detection to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF BIRTH GENDER detection-explosives detection-explosives detection-explosives detection to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF BIRTH GENDER detection-explosives detection-explosives detection-explosives detection to carry and use restraints – handcuffs only The name entered above is the same as recorded previously with the Registrar detection proving my name has been legally changed. PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS CITY PROVINCE POSTAL CODE MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PROVINCE POSTAL CODE detection-explosives detection-explosives detection-explosives detection-explosives detection-explosives detection-explosives detection-explosives detection-explosives detection-explosives	DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED) Grown and the propose of: Grown and the propropose of: Grown and the propose						
□ For security guard work, I request authorization to use dogs for the purpose of: □ protection □ detection-drugs □ detection-explosives □ I request authorization to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF BIRTH GENDER □ The name entered above is the same as recorded previously with the Registrar Image: mage:	For security guard work, I request authorization to use dogs for the purpose of: _ protection _ detection-drug I request authorization to carry and use restraints – handcuffs only PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF The name entered above is the same as recorded previously with the Registrar The name entered above is different than the one previously provided to the Registrar. I have attached doct name has been legally changed. PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME OTHER ADDITIONAL NAMES (Alias, maiden name, etc.) RESIDENTIAL ADDRESS CITY AREA CODE & PHONE NO. EMAIL Please print clearly. Business email not accepted. CITIZENSHIP (check only one) CITIZENSHIP (check only one) CITIZENSHIP (check only one) CITIZENSHIP (check only one) Muteur of the complexity of the complexity of the complexity of the complexity of the card o			QUIRED)		S (PROOF OF QU	OGS AND RESTRAINT
PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF BIRTH GENDER ☐ The name entered above is the same as recorded previously with the Registrar YYYY MM DD ☐ The name entered above is different than the one previously provided to the Registrar. I have attached documentation proving my name has been legally changed. DD DD PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME OTHER ADDITIONAL NAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME (Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS CITY PROVINCE POSTAL CODE MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PROVINCE POSTAL CODE	PART 3: APPLICANT INFORMATION CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF □ The name entered above is the same as recorded previously with the Registrar □ The name entered above is different than the one previously provided to the Registrar. I have attached docu ∩ □ The name entered above is different than the one previously provided to the Registrar. I have attached docu ∩ □ The name entered above is different than the one previously provided to the Registrar. I have attached docu mame has been legally changed. PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N (Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N RESIDENTIAL ADDRESS SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N RESIDENTIAL ADDRESS SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N AREA CODE & PHONE NO. <td< td=""><td>] protection 🔲 detection-drugs 🗌 dete</td><td></td><td>purpose of:</td><td>ation to use dogs for the</td><td>I request authorizat</td><td>For security guard work,</td></td<>] protection 🔲 detection-drugs 🗌 dete		purpose of:	ation to use dogs for the	I request authorizat	For security guard work,
CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF BIRTH GENDER □ The name entered above is the same as recorded previously with the Registrar \'\'\' MM DD □ M □ F □ The name entered above is different than the one previously provided to the Registrar. I have attached documentation proving my name has been legally changed. DREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME OTHER ADDITIONAL NAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS CITY PROVINCE POSTAL CODE	CURRENT LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF Image: The name entered above is the same as recorded previously with the Registrar YYYY Milling Image: The name entered above is different than the one previously provided to the Registrar. I have attached doct name has been legally changed. YYYY Milling PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N NAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N (Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N RESIDENTIAL ADDRESS SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PRC MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PRC MILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PRC MILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PRC MILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PRC MILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PRC				traints – handcuffs only	o carry and use restr	I request authorization to
Image: Constraint of the second se	Image:						
Intename entered above is the same as recorded previously with the Registrar The name entered above is different than the one previously provided to the Registrar. I have attached documentation proving my name has been legally changed. PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME OTHER ADDITIONAL NAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME VAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PROVINCE POSTAL CODE	I he name entered above is the same as recorded previously with the Registrar The name entered above is different than the one previously provided to the Registrar. I have attached doct name has been legally changed. PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N (Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N RESIDENTIAL ADDRESS SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PRC AREA CODE & PHONE NO. EMAIL Please print clearly. Business email not accepted. A temporary election will be sent to this CITIZENSHIP (check only one) I have attached or previously provided a clear and valid condition card Citizen born in Canada Ocitizen born outside Canada Valid Canadian Passport or Citizenship Certification card My Record of Landing (IMM1000), or Confirmation of Permanent (IMM5292), or Permanent Resident Card	L MIDDLE NAME DATE OF BIRTH	E LEGAL MIDDLE NAME DATE OF BIRTH	NAME LEG	LEGAL GIVEN / FIRST	ME / LAST NAME	JRRENT LEGAL SURNA
PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME NAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME (Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS CITY PROVINCE POSTAL CODE MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PROVINCE POSTAL CODE	PREVIOUS LEGAL NAME SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N OTHER ADDITIONAL SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N (Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N (Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE N RESIDENTIAL ADDRESS SURNAME / LAST NAME CITY PRC MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PRC AREA CODE & PHONE NO. EMAIL Please print clearly. Business email not accepted. A temporary elective will be sent to this CITIZENSHIP (check only one) I have attached or previously provided a clear and valid canadian Passport Citizen born outside Canada Citizen born outside Canada Valid Canadian Passport or Citizenship Certification card My Record of Landing (IMM1000), or Confirmation of Permanent (IMM5292), or Permanent Resident Card	r					
NAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME (Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS CITY PROVINCE POSTAL CODE MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PROVINCE POSTAL CODE	Image: NAMES SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE I RESIDENTIAL ADDRESS CITY PRC MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PRC AREA CODE & PHONE NO. EMAIL Please print clearly. Business email not accepted. A temporary electivity will be sent to this CITIZENSHIP (check only one) I have attached or previously provided a clear and valid condition of the sent to this Citizen born in Canada Birth Certificate or valid Canadian Passport Citizen born outside Canada Valid Canadian Passport or Citizenship Certification card Not a Citizen but legally entitled to work in Canada My Record of Landing (IMM1000), or Confirmation of Permanent (IMM5292), or Permanent Resident Card	NAME MIDDLE NAME	/ FIRST NAME MIDDLE NAME	AME GIVEN / FIRST NAME			<u> </u>
(Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME RESIDENTIAL ADDRESS CITY PROVINCE POSTAL CODE MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PROVINCE POSTAL CODE	(Alias, maiden name, etc.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE I RESIDENTIAL ADDRESS CITY PRC MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PRC AREA CODE & PHONE NO. EMAIL Please print clearly. Business email not accepted. A temporary electivity will be sent to this CITIZENSHIP (check only one) I have attached or previously provided a clear and valid condition of the condition card Citizen born outside Canada Birth Certificate or valid Canadian Passport or Citizenship Certification card Not a Citizen but legally entitled to work in Canada My Record of Landing (IMM1000), or Confirmation of Permanent (IMM5292), or Permanent Resident Card	NAME MIDDLE NAME	/ FIRST NAME MIDDLE NAME	AME GIVEN / FIRST NAME		SURNAME / LAST	
MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PROVINCE POSTAL CODE	MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PRC AREA CODE & PHONE NO. EMAIL Please print clearly. Business email not accepted. A temporary electivity will be sent to this CITIZENSHIP (check only one) I have attached or previously provided a clear and valid condition of the sent to this Citizen born in Canada Birth Certificate or valid Canadian Passport Citizen born outside Canada Valid Canadian Passport or Citizenship Certification card Not a Citizen but legally entitled to work in Canada My Record of Landing (IMM1000), or Confirmation of Permanent (IMM5292), or Permanent Resident Card	NAME MIDDLE NAME	/ FIRST NAME MIDDLE NAME	AME GIVEN / FIRST NAME		SURNAME / LAST	
	AREA CODE & PHONE NO. EMAIL Please print clearly. Business email not accepted. A temporary electivity will be sent to this CITIZENSHIP (check only one) I have attached or previously provided a clear and valid control Citizen born in Canada Birth Certificate or valid Canadian Passport Citizen born outside Canada Valid Canadian Passport or Citizenship Certification card Not a Citizen but legally entitled to work in Canada My Record of Landing (IMM1000), or Confirmation of Permanent (IMM5292), or Permanent Resident Card	PROVINCE	CITY PROVINCE F	CIT	I	1	ESIDENTIAL ADDRESS
AREA CODE & PHONE NO. EMAIL Please print clearly Business email not accented A temporary electronic copy of your licence	() will be sent to this CITIZENSHIP (check only one) I have attached or previously provided a clear and valid car Citizen born in Canada Birth Certificate or valid Canadian Passport Citizen born outside Canada Valid Canadian Passport or Citizenship Certification card Not a Citizen but legally entitled to work in Canada My Record of Landing (IMM1000), or Confirmation of Permanent (IMM5292), or Permanent Resident Card	PROVINCE	CITY PROVINCE F	CIT	SIDENTIAL ADDRESS)	FERENT FROM RES	AILING ADDRESS (IF DIF
() will be sent to this email address.	Citizen born in Canada Birth Certificate or valid Canadian Passport Citizen born outside Canada Valid Canadian Passport or Citizenship Certification card Not a Citizen but legally entitled to work in Canada My Record of Landing (IMM1000), or Confirmation of Permanent (IMM5292), or Permanent Resident Card			D. EMAIL <i>Please</i> p	REA CODE & PHONE NO		
	Citizen born outside CanadaValid Canadian Passport or Citizenship Certification cardNot a Citizen but legally entitled to work in CanadaMy Record of Landing (IMM1000), or Confirmation of Permanent (IMM5292), or Permanent Resident Card					ly one)	
	□ Not a Citizen but legally entitled to work in Canada My Record of Landing (IMM1000), or Confirmation of Permanent (IMM5292), or Permanent Resident Card						
	Canada (IMM5292), or Permanent Resident Card						
Canada (IMM5292), or Permanent Resident Card			Resident Card	anent Reside	(IMM5292), or Perm		Canada
□ Not a Citizen but have a permit to study or work Current work or student permit	Not a Citizen but have a permit to study or work Current work or student permit						

BRITISH COLUMBIA Justice

Ministry of

PHOTO IDENTIFICATION – I have	e attached or previous	sly provide	ed a clear and	d valid copy o	of (check only one):				
DRIVER'S LICENSE DASSPOR	RT 🗆 BCID 🗆 CANADIAN	FIREARMS		BC SERVICES	CARD (MUST HAVE PHOTO)				
CANADIAN PERMANENT RESIDE	NT CARD 🗆 CANADIAN N	ATIVE STA	TUS CARD (MI	JST HAVE PHC	DTO)				
PHYSICAL DESCRIPTION – This information will appear on your licence.									
HEIGHT (FT/IN OR WEIGHT (LBS OR H	HAIR TYPE/ 🗌 BLACK	BLONDE [D EYE COLOUR					
			BALD		GREEN HAZEL WHITE				
PHOTOGRAPH – This will appe									
□ I have attached a passport quality photo of myself that has been taken within the last 12 months									
PART 4: EXPERIENCE, EDUCATION, STATUS AND TRAINING CERTIFICATION									
LICENCE TYPE	DOCUMENTATION REQU Any other licence types in				1.				
Security Alarm Installer	Certification of Qualificatio			•	stry Training Authority				
Amoured Car Guard	Valid Authorization to Carry								
Locksmith	Certification of Qualificatio			experience					
Private Investigator	All supporting evidence of	•			am, Private Security Training Network				
Private Investigator Under Supervision Security Guard	Basic Security Training Ce		resugation online	e course and exa	ani, Fivale Security fraining Network				
Security Consultant	All supporting evidence of		d experience						
Use of Dogs	Dog Validation Certificate i	•		of British Colum	ıbia				
Use of Restraints	Advanced Security Trainin								
POLICE OFFICER OR PEACE C	OFFICER STATUS	-							
I am a:	constable Court-app	ointed Bai	liff						
 □ Sheriff/Ďeputy Sher □ Corrections Officer 	riff 🛛 🗆 Special Pr	ovincial or	⁻ Municipal Co	nstable					
You are required to produce a letter		superior o	fficer Section 2	2.5.4 of the Se	curity Licensing Process and				
Licence Conditions Policies for de									
NOTE: A member of a police force	e as defined in the British	Columbia	Police Act may	y NOT hold a s	security worker licence.				
MENTAL HEALTH CONDITION									
□ No □ Yes I have been treated for (SPD0511) completed		since my la	st application. I	f yes, attach the	Mental Health Condition form				
FINGERPRINTS									
					0507) completed by an RCMP rity worker licence previously.				
CRIMINAL HISTORY									
□ No □ Yes I have a criminal record.									
PART 5: CONSENT									
CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE SECURITY SERVICES ACT AND CONSENT TO CRIMINAL RECORD CHECK									
I hereby consent to the Registrar c	arrying out a criminal reco	ord check,	police informa	tion check and	l correctional services				
information check on me and to us of the period for which the licence		ints for tha	t purpose. This	s consent will r	emain in effect for the duration				
I hereby authorize the release to the to these checks.	e Registrar any documer	nts in the c	ustody of the p	oolice, the cour	t and crown counsel relating				
	ormation (i.e., licence num	her and lic	rence status) k	oina available	for viewing				
I hereby consent to my licence information (i.e., licence number and licence status) being available for viewing. I HEREBY CERTIFY THAT I have read and understand all portions of this application form and the information set out									
by me in this application is true									
Security Services Act and Regul									
licensee.									
APPLICA	ANT'S SIGNATURE			DATE SIG	NED				
NOTE: A Security Worker Licence d	-		-		-				
DISCLOSURE: All information regarding this application is collected under the Security Services Act and its Regulations and will be used for									

that purpose. The use of this information will comply with the Freedom of Information and Privacy Act and the Federal Privacy Act. If you have questions regarding the collection or use of this information, please contact 1-855-587-0185.