

**PART 1: TERM OF LICENCE AND RENEWAL FEE****CASH, DEBIT CARDS, DEBIT-CREDIT CARDS, PERSONAL OR BUSINESS CHEQUES ARE NOT ACCEPTED.****Payment by:**

- ☐ Money order or Certified cheque, MAKE PAYABLE TO THE MINISTER OF FINANCE.
☐ Credit Card — using Credit Card Authorization Form (SPD0508)

TOTAL ENCLOSED
\$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: ☐ 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:

- ☐ 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:

YYYY MM DD

PART 2: APPLICATION DETAILS

LICENCE #E

EXPIRY DATE

YYYY MM DD

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)

- | | | |
|---|--|---|
| <input type="checkbox"/> ARMoured CAR GUARD | <input type="checkbox"/> SECURITY ALARM RESPONSE | <input type="checkbox"/> PRIVATE INVESTIGATOR - UNDER SUPERVISION |
| <input type="checkbox"/> ELECTRONIC LOCKING DEVICE INSTALLER | <input type="checkbox"/> SECURITY ALARM SALES | <input type="checkbox"/> PRIVATE INVESTIGATOR |
| <input type="checkbox"/> SECURITY ALARM INSTALLER - UNDER SUPERVISION | <input type="checkbox"/> CLOSED CIRCUIT TELEVISION INSTALLER | <input type="checkbox"/> SECURITY CONSULTANT |
| <input type="checkbox"/> SECURITY ALARM INSTALLER | <input type="checkbox"/> LOCKSMITH | <input type="checkbox"/> SECURITY GUARD |
| <input type="checkbox"/> SECURITY ALARM MONITOR | <input type="checkbox"/> LOCKSMITH - UNDER SUPERVISION | <input type="checkbox"/> BODY ARMOUR SALES |
| | <input type="checkbox"/> LOCKSMITH | |

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

YYYY MM DD

☐ M ☐ F☐ 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 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

(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

AREA CODE & PHONE NO.
()EMAIL Please print clearly. **Business email not accepted.**

A temporary electronic copy of your licence will be sent to this email address.

CITIZENSHIP (check only one)**I have attached or previously provided a clear and valid copy of:**

- | | |
|---|--|
| <input type="checkbox"/> Citizen born in Canada | Birth Certificate or valid Canadian Passport |
| <input type="checkbox"/> Citizen born outside Canada | Valid Canadian Passport or Citizenship Certification card |
| <input type="checkbox"/> Not a Citizen but legally entitled to work in Canada | My Record of Landing (IMM1000), or Confirmation of Permanent Resident document (IMM5292), or Permanent Resident Card |
| <input type="checkbox"/> Not a Citizen but have a permit to study or work | Current work or student permit |

Ministry of Justice

Policing and Security Branch, Security Programs Division

PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1

Phone: toll-free 1-855-587-0185 Fax: 250 387-4454 Email: sgspdsec@gov.bc.ca

Website: www.pssg.gov.bc.ca/securityindustry

PHOTO IDENTIFICATION – I have attached or previously provided a clear and valid copy of (check only one):

☐ DRIVER'S LICENSE ☐ PASSPORT ☐ BCID ☐ CANADIAN FIREARMS LICENCE ☐ BC SERVICES CARD (MUST HAVE PHOTO)

☐ CANADIAN PERMANENT RESIDENT CARD ☐ CANADIAN NATIVE STATUS CARD (MUST HAVE PHOTO)

PHYSICAL DESCRIPTION – This information will appear on your licence.

HEIGHT (FT/IN OR CMS)	WEIGHT (LBS OR KGS)	HAIR TYPE/ COLOUR <input type="checkbox"/> BLACK <input type="checkbox"/> BLONDE <input type="checkbox"/> BROWN <input type="checkbox"/> RED <input type="checkbox"/> GREY <input type="checkbox"/> WHITE <input type="checkbox"/> BALD	EYE COLOUR <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> BLACK <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> WHITE
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PHOTOGRAPH – This will appear on your licence and it must be updated every five years.

☐ 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 REQUIRED Attach a clear copy to application. Any other licence types in Part 2 do not require documentation.
Security Alarm Installer	Certification of Qualification (recognition credential) granted by Industry Training Authority
Armoured Car Guard	Valid Authorization to Carry (ATC) a restricted firearm
Locksmith	Certification of Qualification or supporting two years' experience
Private Investigator	All supporting evidence of training and experience
Private Investigator <i>Under Supervision</i>	Completion of Introduction to Private Investigation online course and exam, Private Security Training Network
Security Guard	Basic Security Training Certificate
Security Consultant	All supporting evidence of training and experience
Use of Dogs	Dog Validation Certificate issued by Justice Institute of British Columbia
Use of Restraints	Advanced Security Training Certificate issued by Justice Institute of British Columbia

POLICE OFFICER OR PEACE OFFICER STATUS

I am a: ☐ Auxillary or reserve constable ☐ Court-appointed Bailiff

☐ Sheriff/Deputy Sheriff ☐ Special Provincial or Municipal Constable

☐ Corrections Officer ☐ Other _____

You are required to produce a letter of no conflict from your superior officer Section 2.5.4 of the Security Licensing Process and Licence Conditions Policies for details on what must be in the letter).

NOTE: A member of a police force as defined in the British Columbia Police Act may NOT hold a security worker licence.

MENTAL HEALTH CONDITION

☐ No ☐ Yes I have been treated for a mental health condition since my last application. *If yes, attach the Mental Health Condition form (SPD0511) completed by your physician.*

FINGERPRINTS

☐ No ☐ Yes I have had my fingerprints taken. *If yes, attach the Confirmation of Fingerprints form (SPD0507) completed by an RCMP approved fingerprinting agency. Note: only required for individuals who have not held a security 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 carrying out a criminal record check, police information check and correctional services information check on me and to use the copy of my fingerprints for that purpose. This consent will remain in effect for the duration of the period for which the licence is valid.

I hereby authorize the release to the Registrar any documents in the custody of the police, the court and crown counsel relating to these checks.

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 and correct to the best of my knowledge and belief. I have read and understand the Security Services Act and Regulations; and I am aware of and understand the conditions that will be placed on me as a licensee.

_____	_____
APPLICANT'S SIGNATURE	DATE SIGNED

NOTE: A Security Worker Licence does NOT ALLOW the operation of a Security Business without a valid Security Business Licence.

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.