



Application to **RENEW** a **CURRENT** Permit to Operate an Armoured Vehicle

Before applying, read, understand and be able to comply with all requirements as set out under the Armoured Vehicle and After-Market Compartment and Control Act and Regulations, and as outlined on the Security Industry and Licensing website:
www.pssg.gov.bc.ca/securityindustry

Fees cannot be refunded.

PART 1: FEES & TERMS

PAYMENT MADE BY: bank-issued certified cheque or money order made *payable to the Minister of Finance*
 credit card (attach *Authorized Credit Card Usage Form SPD0704*) **DO NOT SEND CASH - PERSONAL CHEQUES NOT ACCEPTED**

TERM OF PERMIT & FEE FOR RENEWAL: 5 Years - \$45

(Note: if your permit has already expired, you must apply for a NEW permit, using Form SPD700)

TOTAL ENCLOSED: \$ _____

PART 2: APPLICANT INFORMATION

Name as recorded on your current permit:

(Surname) _____ (Given) _____ (Middle) _____

NEW name if legally changed (you must attach a copy of your name change documentation :

(Surname) _____ (Given) _____ (Middle) _____

Current Permit Number: _____ **Current Permit Expiry Date:** _____

Physical Description: (this information will appear on your permit) **Height** (ft./inches or cms): _____ **Weight** (lbs or kgs): _____
(complete only if there are changes)

Hair Colour: black blonde brown red gray bald

Eye Colour: blue brown black green hazel

Contact Information: (your contact information **will not** appear on your permit)

Residential Address: Apt.# _____ Street Address _____
City/Town: _____ Province: _____ Postal Code: _____

Mailing Address: If your mailing address is different than your residential address, please provide it below:

Phone: (_____) _____ **E-Mail Address** _____

Yes, send an electronic **copy** of my permit to this e-mail address when the original permit is mailed to me.

Photograph (this photo will appear on your permit):

Yes, I have attached a passport-quality photo of myself that has been taken within the last 12 months.

Criminal History:

No Yes ... **I have a criminal record.**

PART 3: DETAILS

I require a permit to operate an armoured vehicle for the purposes of:

- Personal Protection
 Other (description): _____
 My Employment: (complete information on your employer if there have been changes to the employer's information reported previously)

Name of Employer: _____

Contact Name: _____

Address: Street Address _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: (_____) _____ **E-Mail Address** _____

If the purpose for operating an armoured vehicle has changed from your previous application, provide rationale below.
The information you provide will assist the Registrar in the approval process of to renew your Body Armour Permit.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE ARMOURD VEHICLE AND AFTER-MARKET COMPARTMENT CONTROL ACT and CONSENT TO CRIMINAL RECORD CHECK

I HEREBY AUTHORIZE:

- The Registrar, Security Services, to conduct a criminal record check through any city, municipal or provincial police department or public body including the police information check and correctional service information check, to determine whether I have a record for any provincial and/or federal charges, convictions, peace bonds or restraining orders, etc. This consent will remain in effect for the duration of the period for which my permit is valid.
- Where the results of this check indicated that a criminal record or outstanding charge may exist, I agree to provide my fingerprints to verify any such criminal record.
- I further authorize the RCMP, or designated authority, to provide a copy of my record to the Registrar, Security Services.

I UNDERSTAND THAT: As a result of the checks, the Registrar may require further information from me including copies of all criminal proceedings or information to assess good character and to assist in determining needs for operating an armoured vehicle.

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 Armoured Vehicle and After-Market Compartment Control Act and Regulations; and I am aware of and understand the conditions that will be placed on me as an armoured vehicle operator.

Applicant's Signature: _____ **Date Signed:** _____