





Application for **RENEWAL** of Security Business Licence — **With Changes**

Before applying, read, understand and be able to comply with all requirements as set out under the Security Services Act and Regulations, and as outlined on the Security Industry and Licensing website.

USE THIS LONG FORM to renew a **current** security business licence if you have changes to report to the Registrar. If you have **NO CHANGES** to report when renewing, use the shorter form, **Renewal with No Changes (#SPD0501)**. If the business licence held has **EXPIRED** or you cannot get your application for renewal to the Registrar, Security Services Act, before the expiry date, you must apply for a **NEW** licence (form #SPD0500). Refer to website to download other forms you may need and the guide, "**Getting and Keeping Your Security Business Licence**" for assistance in completing forms.

PART 1: FEE & TERM

PAYMENT IS BY: ☐ credit balance ☐ bank-issued certified cheque **or** money order made payable to the Minister of Finance
☐ credit card (complete Authorized Credit Card Usage Form #SPD0509)  

DO NOT SEND CASH.

TERM OF LICENCE & FEE: ☐ One Year (\$275) ☐ Two Year (\$550) ☐ Three Year (\$825)

Personal cheques are NOT accepted.

PART 2: APPLICATION DETAILS

TOTAL ENCLOSED: \$ _____

APPLICATION TYPE: ☐ Renewal of Lic.# _____ due to expire (year/month/day): _____
(if your licence has expired, you must apply and pay for a NEW licence)

LICENCE TYPES: Check off only the security licence types the business is qualified for and intends to provide:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Security Alarm Installer | <input type="checkbox"/> Closed Circuit Television Installer | <input type="checkbox"/> Security Consultant | <input type="checkbox"/> Body Armour Vendor |
| <input type="checkbox"/> Security Alarm Sales | <input type="checkbox"/> Electronic Locking Device Installer | <input type="checkbox"/> Security Guard | |
| <input type="checkbox"/> Security Alarm Monitoring | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Armoured Car Guard | if Armoured Car Guard services to be provided, <u>attach</u> required documentation re: the vehicle (see guide) |
| <input type="checkbox"/> Security Alarm Response | <input type="checkbox"/> Private Investigation | | |

Dogs: ☐ No ☐ Yes ... this security business requests authorization from the Registrar to use dogs for the purpose of security work.
If yes, indicate what dog services your business is requesting authorization for: Protection Detection-Drugs Detection-Explosives

PART 3: BUSINESS INFORMATION

Type of Business (Company): ☐ Non-Registered Sole Proprietor ☐ Registered Sole Proprietor ☐ Corporation
☐ Non-Registered Partnership ☐ Registered Partnership

Legal Business Name as printed on your licence: _____

If changed, New Legal Business name is: _____

and ☐ Yes, attached is a copy of documentation showing legal name change.

If changed, enter new Trade Name ["doing business as name"] : _____

Business Address: (enter only if changed)

Suite # _____ Street Address: _____ City/Town: _____ Province: _____ Postal Code: _____

If changed, provide new business mailing address (this is where the licence is to be mailed):

Business Manager's Name: (Surname) _____ (Given): _____ (Middle) _____

Business Phone: (_____) _____ Fax: (_____) _____ E-Mail: _____

☐ Yes, send a copy of licence to this e-mail

Identify individuals employed by the business who hold(s) a valid B.C. Security Worker Licence that supports the various licence types the business wishes to be licensed for (as you have indicated in Part 2 above).

Name: (Surname/Given/Middle) _____ Security Worker Licence Number: _____

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Name: (Surname/Given/Middle) _____ Security Worker Licence Number: _____

Insurance: ☐ Yes, attached is documentation proving the business has the mandatory general liability insurance of *not less than \$1 million coverage*

BRANCH OFFICE: * ☐ add this branch to the records ☐ remove this branch information from the records

Suite # _____ Street Address: _____ City/Town: _____ Province: _____ Postal Code: _____

Branch Manager Name: _____ Branch Manager Phone: (_____) _____

**Attach separate sheet if more than one branch office to list - a copy of the licence will be issued for posting in each of the branch offices recorded.*

FORM #SPD0506

PSSG10-007 (06/2012)

Ministry of Public Safety and Solicitor General

Policing and Security Programs Branch, Security Programs Division

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

Phone: 1-855-587-0185 (Option 1) E-mail: securitylicensing@gov.bc.ca

Website: <https://www2.gov.bc.ca/gov/content/employment-business/business/security-services>

PART 4: CONTROLLING MEMBERS OF THE BUSINESS OPERATION

If there have been changes in controlling members ... record the information in the table below.

- If **deleting** a member, just enter the person's name, check off the box 'Remove this member from records'.
- If **adding** a member, indicate the name and position held and check off the box "New". If the person does not hold a valid B.C. Security Worker Licence, that person must complete and sign their own copy of the **Authorization and Acknowledgement of Information Collection and Use AND Consent to Criminal Record Check (#SPD0510) PLUS** they must have their fingerprints taken using form: **"Request for Fingerprinting" (#SPD0507)**.

NAME	POSITION HELD IN THE SECURITY BUSINESS	This individual must either: <ul style="list-style-type: none"> • hold a valid Security Worker Licence, OR • complete the form "Authorization and Acknowledgement of Information Collection and Use AND Consent to Criminal Record Check" (#SPD0510) plus have their fingerprints taken using form "Request for Fingerprinting" (#SPD0507)
Surname: _____ Given: _____ Middle: _____ <input type="checkbox"/> Remove this member from records <input type="checkbox"/> New		<input type="checkbox"/> Yes, this individual holds a valid security worker licence: # _____ <input type="checkbox"/> No, this individual does not hold a valid security worker licence so has completed the forms identified above (SPD0510 and SPD0507), following all instructions and providing attachments.
Surname: _____ Given: _____ Middle: _____ <input type="checkbox"/> Remove this member from records <input type="checkbox"/> New		<input type="checkbox"/> Yes, this person holds a valid security worker licence: # _____ <input type="checkbox"/> No, this person does not hold a valid security worker licence so has completed the forms identified above (SPD0510 and SPD0507), following all instructions and providing attachments.
Surname: _____ Given: _____ Middle: _____ <input type="checkbox"/> Remove this member from records <input type="checkbox"/> New		<input type="checkbox"/> Yes, this person holds a valid security worker licence: # _____ <input type="checkbox"/> No, this person does not hold a valid security worker licence so has completed the forms identified above (SPD0510 and SPD0507), following all instructions and providing attachments.
Surname: _____ Given: _____ Middle: _____ <input type="checkbox"/> Remove this member from records <input type="checkbox"/> New		<input type="checkbox"/> Yes, this person holds a valid security worker licence: # _____ <input type="checkbox"/> No, this person does not hold a valid security worker licence so has completed the forms identified above (SPD0510 and SPD0507), following all instructions and providing attachments.
Surname: _____ Given: _____ Middle: _____ <input type="checkbox"/> Remove this member from records <input type="checkbox"/> New		<input type="checkbox"/> Yes, this person holds a valid security worker licence: # _____ <input type="checkbox"/> No, this person does not hold a valid security worker licence so has completed the forms identified above (SPD0510 and SPD0507), following all instructions and providing attachments.

CONSENT and ACKNOWLEDGEMENT

ON BEHALF OF the applicant business entity, I hereby consent to and acknowledge that:

- the security business licence will be kept continuously on display in a conspicuous place in every office in which I am permitted, under the licence, to carry on business.
- I will advise the Registrar within 14 days of the occurrence and report to the registrar the following:
 - changes to the business address;
 - changes in the ownership or management of the security business;
 - addition of any individual who has control or the ability to control in the operation of the business.
- the security business licence will be surrendered in the event that the business ceases operation or does not have an employee(s) that holds a valid security worker licence of a type that matches the security business licence type.
- the security business's licence information (legal business name, security licence number, licence status) is to be made publicly accessible through the Security Industry and Licensing website.

I AM AUTHORIZED to sign this application on behalf of the business entity.

I HEREBY CERTIFY THAT I have read and understand all portions of this application form and information set out by me in this application is true and correct to the best of my knowledge and belief. I have read and understood the Security Services Act, Regulations and understand the conditions of the licence.

Applicant on behalf of the Business:

Name: _____ **Signature:** _____ **Date:** _____

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 any questions regarding the collection or use of this information, please contact 250 356-1501.