

# REQUEST FOR FINGERPRINTING UNDER THE SECURITY SERVICES ACT

Applicant Full Legal Name: (Surname) \_\_\_\_\_ (Given): \_\_\_\_\_ (Middle): \_\_\_\_\_  
 Address: Suite # \_\_\_\_\_ Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Gender:  Male  Female  
YYYY MM DD  
 Type of Photo Identification attached to this form:  Driver's Licence  Other Photo ID: \_\_\_\_\_

**TO BE READ BY THE APPLICANT REQUESTING FINGERPRINTING**

The information on this form and any other personal information collected regarding this application is collected under the *Security Services Act* and the regulations under this act. The information provided and collected will be used to process this application under the *Security Services Act*. The release and use of this information is in compliance with the *Security Services Act*, the *Freedom of Information and Protection of Privacy Act* (RSBC 1996, c.165) and the federal *Privacy Act*.

**BY SIGNING THIS REQUEST FOR FINGERPRINTING, I HEREBY AUTHORIZE AND CONSENT THAT The Registrar, Security Services Act, and/or the Royal Canadian Mounted Police or any other law enforcement agency designated by the Registrar, and any other individual or agency requested to do so by the Registrar:**

- To conduct a Criminal Record Check and to determine whether I have a record by gathering information from the Canadian Police Information Centre and other police record systems, the provincial court record system and the provincial correctional record system on any charges brought against me and the disposition of any charges brought against me including, but not limited to, convictions, conditional or absolute discharges, probation orders, peace bonds, restraining orders, wants, warrant, prohibitions, refusal of a firearm;
- To provide a copy of any record, including investigation report or record of proceedings found; and
- To use any collected records, reports or personal information for purpose of a licence application including any adjudication or reconsideration in connection with a licence application.

**I HEREBY AGREE THAT if a security licence is granted by the Registrar: a) to me, a security worker, or b) to the security business of which I have control of or have the ability to control the operation of:**

- This authorization and consent by me shall remain in force for the duration of the period for which: a) such licence is issued to me, or b) I am a controlling member or have the ability to control the operation of the security business holding a valid security business licence.
- I will promptly report to the Registrar any charge or conviction for a provincial and/or federal offence which occurs subsequent to the date of this authorization by me; and

**I HEREBY CERTIFY THAT:**

- I have read and understand all parts of this authorization form; and
- The information provided by me in this application is true and correct to the best of my knowledge and belief.

Applicant Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_  
YYYY/MM/DD

**Please take this form to your local police department, RCMP detachment or an approved fingerprint agency.**

**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 1-855-587-0185.

**IMPORTANT INSTRUCTIONS TO FINGERPRINTING AGENCY:**

Please see attached instructions to RCMP Detachment, Police Department or RCMP Accredited Fingerprinting Company:

**Please send the results directly to Security Programs Division:**

The Registrar, *Security Services Act*  
 Security Programs Division  
 PO Box 9217 Stn Prov Govt,  
 Victoria BC V8W 9J1



Registrar, Security Services Act

Applicant Full Legal Name: (Surname) \_\_\_\_\_ (Given): \_\_\_\_\_ (Middle): \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_  
YYYY MM DD

- 1. Local Indices check:  negative  positive (File # \_\_\_\_\_)
  - 2. Licence Issuance:  recommended  not recommended . . . comment below:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Fingerprinting Agency, Police Department or RCMP Detachment: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

FINGERPRINTING AGENCY STAMP: **DRAFT**

↑ ↑  
 reply is authenticated by stamping here with official stamp

Person Taking Fingerprints (name in full): \_\_\_\_\_

Date Fingerprinted: \_\_\_\_\_  
YYYY/MM/DD

FORM #SPD0507

**CONFIRMATION OF FINGERPRINTS**

**FINGERPRINTING AGENCY: Complete and tear off this portion, and provide it to the applicant.**

Applicant Full Legal Name: (Surname) \_\_\_\_\_ (Given): \_\_\_\_\_ (Middle): \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_  
YYYY MM DD

FINGERPRINTING AGENCY STAMP:

↑ ↑  
 reply is authenticated by stamping here with official stamp

Person Taking Fingerprints: (Surname) \_\_\_\_\_ (Given): \_\_\_\_\_ (Middle): \_\_\_\_\_

Date Fingerprinted: \_\_\_\_\_  
YYYY/MM/DD

**Ministry of Public Safety and Solicitor General**  
 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: <http://www2.gov.bc.ca/gov/content/employment-business/business/security-services/security-industry-licensing>

