



Controlling Member of a Security Business Reporting an UPDATE

in compliance with the Security Services Act

The Security Services Act requires that all individuals who have control of or the ability to control the operations of a licensed security business must inform the Registrar, Security Services, of the following changes *within 14 days of the change occurring*:

- a change in residential address
- a criminal conviction
- a new criminal charge

When completing this form, refer to the Security Industry and Licensing website and download the '**Controlling Members of a Security Business GUIDE**'. It provides information on the kinds of details you should provide and what the required attachments are. You will also find other forms you may need.

This form is also to be used by a controlling member when the security business has allowed their licence to expire. It re-establishes the controlling member's consent to information collection and criminal record check as their previous consent expired along with the security business licence. Even if you, the controlling member, have no updates to report, you must complete the fields in this box, plus sign and date the form below. This is given to the business manager to support the application to get a new security business licence.

SECURITY BUSINESS LICENCE: # _____

LEGAL NAME OF SECURITY BUSINESS: _____

YOUR NAME AS CURRENTLY RECORDED BY THE REGISTRAR:

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

New LEGAL NAME:

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

I have attached documentation showing legal name change.

New RESIDENTIAL ADDRESS (required if different than the one currently on record with the Registrar):

Street _____ City _____

Province/State: _____ Country: _____ Postal Code/Zip _____

- No Yes I have just moved to Canada, therefore, I have attached my Confirmation of Fingerprinting slip from form #SPD0507.
- No Yes I have a criminal record.
- No Yes I am reporting new charges or convictions that have been laid against me within the last 14 days.
- No Yes I now hold a position with PEACE OFFICER STATUS, therefore, I have attached the confirmation letter from my superior officer (see the "Pre-Requirements" in the 'Guide' for details on what must be in the letter).
- No Yes I am now being treated for a MENTAL CONDITION, therefore, I am attaching a completed Mental Condition Form (SPD0511).

BY SIGNING THIS AUTHORIZATION and ACKNOWLEDGEMENT of INFORMATION COLLECTION AND USE and CONSENT TO A CRIMINAL RECORD CHECK, I HEREBY AUTHORIZE AND CONSENT THAT:

I hereby consent to the Registrar, Security Services Act, carrying out a criminal record check, police information check and correctional service 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 this security business licence is valid.

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.

SIGNATURE: _____ **DATE:** (year/month/day) _____

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, contact 250 356-1501

FORM #SPD0518
PSSG10-007 (09/07/2012)

Mail this completed form and attachments to:

Ministry of Justice
Policing and Security Programs Branch, Security Programs Division
PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1
Phone: 1-855-587-0185 Fax: (250) 387-4454 E-mail: sgspdsec@gov.bc.ca
Security Industry and Licensing website: www.pssg.gov.bc.ca/securityindustry