



Application to EXTEND a Current 90-day EXEMPTION from the requirement to have a BODY ARMOUR PERMIT

Before applying, read, understand and be able to comply with all requirements as set out under the *Body Armour Control Act* and Regulation, and as outlined on the [Security Industry and Licensing website](#).

Name as recorded on your current exemption:

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

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

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

Current Exemption Expiry Date: (YYYY/MM/DD) _____

Contact Information (complete if there has been a change):

Residential Address: Apt # _____ Street Address _____

City/Town: _____ Prov/State: _____ Postal/Zip Code: _____ Country: _____

Phone: (____) _____ **Email Address:** _____

Mailing Address (if your mailing address is different than your residential address, please provide below):

Criminal History: No **I DO NOT** have a criminal record Yes **I HAVE** a criminal record

If there has been a change in the reason you must wear or possess body armour, indicate the reason and new rationale below:

Personal protection from imminent risk

Activities I will be conducting in BC as a non resident

If related to employment, please fill out the fields below:

Name of Employer: _____ Contact Name: _____

Street Address: _____ City: _____ Prov/State: _____

Country: _____ Postal/Zip Code: _____ Phone: _____

Email Address: _____

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: 1-855-587-0185 Fax: 250-387-1911 Email: RASecurityservices@gov.bc.ca



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Provide Rationale for wearing/possessing body armour:

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE BODY ARMOUR CONTROL ACT and CONSENT TO CRIMINAL RECORD CHECK

As part of my request to be exempted from the requirement to have a body armour permit under the *Body Armour Control Act*, I hereby consent to the Registrar of Security Services (Registrar) carrying out a criminal record check, police information check and correctional service information check on me (Required Checks).

I hereby consent to a check of available law enforcement systems for these purposes, including any local police records, and I hereby consent to the disclosure to the Registrar of any documents in the custody of the police, corrections, the courts, and crown counsel relating to these Required Checks.

I understand that in addition to any information provided to the Registrar as a result of the Required Checks, the Registrar may require from me any further information the Registrar considers relevant to determine whether it is desirable that I be authorized to possess body armour without a permit through an initial 90-day exemption or subsequent 90-day extension(s), as applicable.

This consent is valid from the date signed and will remain in effect for the duration of the 90-day period for which the initial exemption, or any subsequent extension, as applicable, is valid.

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 *Body Armour Control Act* and Regulations; and I am aware of, and understand, the conditions upon which an exemption, or any extension thereof, from the requirement to have a body armour permit may be granted.

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

COLLECTION NOTICE All information regarding this application is collected under the *Body Armour Control Act* and its Regulation 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 securitylicensing@gov.bc.ca

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