



# Application for a 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](#).

**Legal Name:** (Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Additional Name(s):** (alias, maiden name, etc.) \_\_\_\_\_

**Date of Birth:** (YYYY/MM/DD) \_\_\_\_\_ **Sex:** Male Female X

**Citizenship:**  
(Check one box)

I was born in Canada – attached is a clear copy of my birth certificate.

I was not born in Canada but now have citizenship – attached is a copy of my valid Canadian Passport or Citizenship Certification Card.

I was not born in Canada, but I am legally entitled to work in Canada. Attached is a clear copy of my Record of Landing (IMM1000), Confirmation of Permanent Resident Document (IMM5292), Permanent Resident Card, OR my current work or student permit which is numbered: \_\_\_\_\_ and expires (YYYY/MM/DD) \_\_\_\_\_.

I am a citizen of (name of country) \_\_\_\_\_ and have attached copy of official documentation as proof.

**Photo Identification:**  
**One clear copy of your photo ID is required – it must be current.**

(Check one box)

Drivers Licence      Passport      BCID

Canadian Permanent Resident Card      Canadian Native Status Card

Other valid government issued photo ID

## Normal Place of Residence and Contact Information:

**Address:** Apt # \_\_\_\_\_ Street Address \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Provide your mailing address if it is different than your residential address above:

## Where to mail the exemption:

Mail the exemption to the mailing address provided above

Mail the exemption to the following 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](mailto:RASecurityservices@gov.bc.ca)



# Application for a 90-day EXEMPTION from the requirement to have a BODY ARMOUR PERMIT

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

Yes **I HAVE** a criminal record

**I must possess or wear body armour for the purpose of:**

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: \_\_\_\_\_

**Provide Rationale for wearing/possessing body armour below to assist the Registrar in  
determining approval for the exemption:**

**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](mailto:RASecurityservices@gov.bc.ca)



# Application for a 90-day EXEMPTION from the requirement to have a BODY ARMOUR PERMIT

---

## 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](mailto:securitylicensing@gov.bc.ca)