



Application for a **NEW** Permit to Operate an Armoured Vehicle

Before applying, read, understand and be able to comply with all requirements as set out under the Armoured Vehicles and After-Market Compartment Control Act and Regulations as outlined on the Security Industry and Licensing website: www.pssg.gov.bc.ca/securityindustry

Fees cannot be refunded.

PART 1: FEES & TERMS

PAYMENT MADE BY: bank-issued certified cheque or money order made *payable to the Minister of Finance*
 credit card (attach *Authorized Credit Card Usage Form SPD0704*) **DO NOT SEND CASH - PERSONAL CHEQUES NOT ACCEPTED**

TERM OF PERMIT & FEE: 5 Years - \$90

TOTAL ENCLOSED: \$ _____

PART 2: APPLICANT INFORMATION

Legal Name: (Surname) _____ (Given) _____ (Middle) _____

Additional Name(s) (*alias, maiden name, etc.*): (Surname) _____ (Given) _____ (Middle) _____
(Surname) _____ (Given) _____ (Middle) _____

Date of Birth: (year/month/day) _____ **Gender:** Male Female

Citizenship: I was born in Canada—attached is a clear copy of my birth certificate or valid Canadian Passport.
(check [✓] one) 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 (year/month/day) _____
 I am a citizen of (name of country) _____ and have attached copy of official documentation as proof.

Photo Identification: **Two** clear copies of your photo ID is required - *they must be current*. Check off the types you are attaching:
(check [✓] TWO)

- Driver's Licence Passport BCID Canadian Firearms Licence (must have photo)
- Canadian Permanent Resident Card Canadian Native Status Card (must have photo)
- Valid Government-Issued Photo ID: (describe) _____

Physical Description: (this information will appear on your permit) **Height** (ft./inches or cms): _____ **Weight** (lbs or kgs): _____
Hair Colour: black blonde brown red gray bald
Eye Colour: blue brown black green hazel

Contact Information: (your contact information **will not** appear on your permit)

Residential Address: Apt.# _____ Street Address _____
City/Town: _____ Province: _____ Postal Code: _____

Mailing Address: If your mailing address is different than your residential address, please provide it below:

Phone: (_____) _____ **E-Mail Address** _____
 Yes, send an electronic **copy** of my permit to this e-mail address when the original permit is mailed to me.

Photograph (this photo will appear on your permit):

Yes, I have attached a passport-quality photo of myself that has been taken within the last 12 months.

Criminal History:

No Yes ... **I have a criminal record.**

PART 3: DETAILS

I require a permit to operate an armoured vehicle for the purposes of:

- Personal Protection
- Other (description): _____
- My Employment: if for employment purposes, provide the following information on your employment:

Name of Employer: _____

Contact Name: _____

Address: Street Address _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: (_____) _____ **E-Mail Address** _____

Provide rationale for operating an armoured vehicle below. The information you provide will assist the Registrar in the approval process of your Armoured Vehicle Permit.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE ARMOURED VEHICLE AND AFTER-MARKET COMPARTMENT CONTROL ACT and CONSENT TO CRIMINAL RECORD CHECK

I HEREBY AUTHORIZE:

- The Registrar, Security Services, to conduct a criminal record check through any city, municipal or provincial police department or public body including the police information check and correctional service information check, to determine whether I have a record for any provincial and/or federal charges, convictions, peace bonds or restraining orders, etc. This consent will remain in effect for the duration of the period for which my permit is valid.
- Where the results of this check indicated that a criminal record or outstanding charge may exist, I agree to provide my fingerprints to verify any such criminal record.
- I further authorize the RCMP, or designated authority, to provide a copy of my record to the Registrar, Security Services.

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 and to assist in determining needs for operating an armoured vehicle.

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 Armoured Vehicle and After-Market Compartment Control Act and Regulations; and I am aware of and understand the conditions that will be placed on me as an operator of an armoured vehicle.

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