



# Reporting an UPDATE to Current Permit to Operate an Armoured Vehicle

Changes to employment information (if you require the permit due to employment), residential address change, any new criminal charges, or change in the circumstance in which you must operate an armoured vehicle must be reported to the Registrar *within 14 days* of the change(s). Other updates should be made at the same time or as soon as possible. The expiry date of your current permit will not change with this update.

**No Fee**

**CURRENT PERMIT #:** \_\_\_\_\_ **Expiry date (year/month/day)** \_\_\_\_\_

**NAME AS PRINTED ON PERMIT CURRENTLY:** (Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_

### New LEGAL NAME.

No  Yes ... **I have a new legal name.** (if 'yes', please provide name below and confirm you will attach documentation)

(Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_

Yes, I have attached documentation showing legal name change.

### CONTACT INFORMATION CHANGE:

Ph ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

**New ADDRESS** (required if different than the one currently on file with the Registrar):

Street \_\_\_\_\_ City \_\_\_\_\_

Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

### The purpose for which I must operate an armoured vehicle has changed as indicated below:

Personal Protection

Other (description): \_\_\_\_\_

**New EMPLOYMENT:** (complete if different from previously reported to the Registrar or if you must now operate an armoured vehicle for employment purposes but you have not reported your employer information to the Registrar previously).

**Name of Employer:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Street** \_\_\_\_\_ **City** \_\_\_\_\_

**Prov** \_\_\_\_\_ **Postal Code** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

Rationale for the new purpose of operating an armoured vehicle.

### New PHOTOGRAPH:

No  Yes ... **I wish to update the photo on my current permit:**

If yes, the photo you provide with this form must have been taken within the last 12 months and must be passport quality.

**NEW CRIMINAL CHARGES or I have been CONVICTED OF AN OFFENCE:** The details are:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DISCLOSURE:** All information regarding this application is collected under the Armoured Vehicle and After-Market Compartment Control Act and 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, please contact 250 356-1501.