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/First) _____ (Middle) _____

Additional Name(s): (alias, maiden name, etc.) _____

Date of Birth: (YYYY/MM/DD) _____ **Place of Birth:** _____

Sex: ☐ Male ☐ Female ☐ X

Citizenship:

The document you submit must be clear and legible.

(Check one box)

☐ I was born in Canada – attached is a 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 Canadian Citizenship Certificate.

☐ I was not born in Canada, but I am legally entitled to work in Canada. Attached is a 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:

A clear and legible copy of your unexpired photo ID is required.

(Check one box)

☐ Driver's Licence ☐ Passport ☐ BCID

☐ Canadian Permanent Resident Card ☐ Canadian Native Status Card

☐ Other government issued photo ID _____

Permanent Residence Address 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 permanent residence address above:

_____

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

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Where to mail the approved exemption:

☐ Mail the exemption to the mailing address provided above

☐ Mail the exemption to the following address: _____

I request to be exempted from the requirement to have a body armour permit because of:

☐ An imminent risk to my safety

- ✓ Please attach documented evidence of the risk you are facing.

☐ Activities I will be conducting in BC as a non resident

- ✓ Please provide your temporary address in BC:

  _____

Provide Rationale below for possessing body armour without applying for a permit. This will assist the Registrar in determining approval for the exemption:

Website: https://www2.gov.bc.ca/gov/content/employment-business/business/security-services/security-industry-licensing
Email: RASecurityservices@gov.bc.ca

SL201 | June 2025

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ACKNOWLEDGEMENTS PURSUANT TO THE BODY ARMOUR CONTROL ACT

☐ As part of my exemption request under the *Body Armour Control Act*, I understand that 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.

☐ 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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