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/First) _____ (Middle)_____

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

(Surname)_____ (Given/First) _____ (Middle)_____

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

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

Permanent Residence 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:

_____

Where to mail the approved exemption:

☐ Mail the exemption to the mailing address provided above

☐ Mail the exemption to the following address: _____

If there has been a change in the reason you must possess body armour without applying for a permit, indicate the reason and new rationale below:

☐ 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:

  _____

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

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

SL202 | June 2025

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Provide Rationale for your request to extend your current 90-day exemption request. If the reason for continuing to possess a body armour without a permit has changed, please specify which of the two reasons above now applies to your situation and provide details. This will assist the Registrar in determining approval for the extension of your exemption:

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