



Application for an 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 Regulations, and as outlined on the Security Industry and Licensing website: www.pssg.gov.bc.ca/securityindustry

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.
 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: One clear copy of your photo ID is required - it must be current. Check off the type you are attaching:

- (check one) Driver's Licence Passport BCID
 Canadian Permanent Resident Card Canadian Native Status Card (must have photo)
 Other valid government-issued photo ID: _____

Normal Place of Residence & Contact Information

Address: Apt.# _____ Street Address _____

City/Town: _____ Prov/State: _____ Postal /ZIP Code: _____ Country _____

Phone: (_____) _____ E-Mail Address _____

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

Where to mail the exemption:

- Mail the exemption to the address provided above
 Mail the exemption to the following address: _____

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 purposes of:

- Outdoor Recreation Personal Protection
 My Employment (if you require an exemption to possess body armour because of your employment, provide your employment information below)
Name of Employer: _____ Contact Name: _____
Street _____ City _____
Prov/State _____ Country _____
Postal Code _____ Phone: _____ E-Mail: _____
 Other (description): _____

... form continues on page 2

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

**CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE
BODY ARMOUR 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 possessing body armour.

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 that will be placed on me as a body armour permit holder.

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