



# Application to EXTEND a Current 90-day Exemption from the Requirement to hold 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](http://www.pssg.gov.bc.ca/securityindustry)

**Name as recorded on your current exemption:**

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

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

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

**Current Exemption Expiry Date:** (year/month/day) \_\_\_\_\_

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

**Residential Address:** Apt.# \_\_\_\_\_ Street Address \_\_\_\_\_  
City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_

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

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**Criminal History:**

No  Yes ... I have a criminal record.

**If there has been a change in the reason you must wear or possess body armour, indicate the reason and new rationale below:**

Outdoor Recreation  Personal Protection  Other (description): \_\_\_\_\_

My Employment: if body armour is required for employment purposes, provide the following information on your employment:

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

**Address:** Street Address \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

**Provide rationale for possessing or wearing body armour:**

**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:** \_\_\_\_\_

**DISCLOSURE:** All information regarding this application is collected under the Body Armour 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.