



PART 1: FEES AND TERMS

CASH, DEBIT CARDS, DEBIT-CREDIT CARDS, PERSONAL OR BUSINESS CHEQUES ARE NOT ACCEPTED.

Payment by:

- Money order or certified cheque, PAYABLE TO THE MINISTER OF FINANCE.
Credit Card - using Credit Card Authorization Form (SPD0508)

Licence Fees and Terms: 90 days (\$60) One Year (\$120) Two Year (\$180) Three Year (\$240)

TOTAL ENCLOSED \$

If you are a SECURITY BUSINESS OWNER/OPERATOR answer 'yes' or 'no' to the following:

- No Yes, I am the owner and operator of a Sole Proprietorship Security Business (not a Partnership nor Corporation) and I am not required to submit a licensing fee.

Current Security Business Licence #

Expires on: YYYY MM DD

PART 2: APPLICATION DETAILS

APPLICATION TYPE EXPIRED LICENCE EXPIRY DATE DO NOT resubmit documents already provided to the Registrar. Update information/attach required documents not yet provided.

LICENCE TYPE (ONLY CHECK THE TYPES OF SERVICES YOU ARE QUALIFIED FOR AND NEED TO SHOW ON YOUR LICENCE)
ARMOURED CAR GUARD SECURITY ALARM RESPONSE PRIVATE INVESTIGATOR - UNDER SUPERVISION
ELECTRONIC LOCKING DEVICE SECURITY ALARM SALES PRIVATE INVESTIGATOR
INSTALLER CLOSED CIRCUIT TELEVISION INSTALLER PRIVATE INVESTIGATOR
SECURITY ALARM INSTALLER - UNDER SUPERVISION LOCKSMITH SECURITY CONSULTANT
SECURITY ALARM INSTALLER - UNDER SUPERVISION LOCKSMITH SECURITY GUARD
SECURITY ALARM MONITOR LOCKSMITH BODY ARMOUR SALES

DOGS AND RESTRAINTS (PROOF OF QUALIFICATION IS REQUIRED)

- For security guard work, I request authorization to use dogs for the purpose of: protection detection-drugs detection-explosives
I request authorization to carry and use restraints - handcuffs only

PART 3: APPLICANT INFORMATION

LEGAL SURNAME / LAST NAME LEGAL GIVEN / FIRST NAME LEGAL MIDDLE NAME DATE OF BIRTH GENDER
ADDITIONAL NAMES (ALIAS, MAIDEN NAME, ETC.) SURNAME / LAST NAME GIVEN / FIRST NAME MIDDLE NAME

RESIDENTIAL ADDRESS CITY PROVINCE POSTAL CODE
MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS) CITY PROVINCE POSTAL CODE

AREA CODE & PHONE NO. EMAIL Please print clearly. Business email not accepted. A temporary electronic copy of your licence will be sent to this email address.

CITIZENSHIP (check only one): I attached or previously provided a clear and valid copy of:
Citizen born in Canada Birth certificate or valid Canadian Passport
Citizen born outside Canada Valid Canadian Passport or Citizenship Certification card
Not a Citizen but legally entitled to work in Canada My Record of Landing (IMM1000), or Confirmation of Permanent Resident Document (IMM5292), or Permanent Resident Card
Not a Citizen but have a permit to study or work Current work or student permit

**PHOTO IDENTIFICATION – I attached or previously provided a clear and valid copy of (check only one):**

- DRIVER'S LICENCE  PASSPORT  BCID  CANADIAN FIREARMS LICENCE  BC SERVICES CARD (MUST HAVE PHOTO)
- CANADIAN PERMANENT RESIDENT CARD  CANADIAN NATIVE STATUS CARD (MUST HAVE PHOTO)

**PHYSICAL DESCRIPTION – This information will appear on your licence.**

<b>HEIGHT</b> (FT/IN OR CMS)	<b>WEIGHT</b> (LBS OR KGS)	<b>HAIR TYPE/ COLOUR</b> <input type="checkbox"/> BLACK <input type="checkbox"/> BLONDE <input type="checkbox"/> BROWN <input type="checkbox"/> RED <input type="checkbox"/> GREY <input type="checkbox"/> WHITE <input type="checkbox"/> BALD	<b>EYE COLOUR</b> <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL
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**PHOTOGRAPH – This will appear on your licence and it must be updated every five years.**

- I have attached a passport quality photo of myself that has been taken within the last 12 months

**PART 4: EXPERIENCE, EDUCATION, STATUS AND TRAINING CERTIFICATION**

LICENCE TYPE	DOCUMENTATION REQUIRED <b>Attach a clear copy to application. Any other licence types in Part 2 do not require documentation.</b>
Security Alarm Installer	Certification of Qualification (recognition credential) granted by Industry Training Authority
Armoured Car Guard	Valid Authorization to Carry (ATC) a restricted firearm
Locksmith	Certification of Qualification or supporting two years' experience
Private Investigator	All supporting evidence of training and experience
Private Investigator <i>Under Supervision</i>	Completion of Introduction to Private Investigation online course and exam, Private Security Training Network
Security Guard	Basic Security Training Certificate
Security Consultant	All supporting evidence of training and experience
Use of Dogs	Dog Validation Certificate issued by Justice Institute of British Columbia
Use of Restraints	Advanced Security Training Certificate issued by Justice Institute of British Columbia

**POLICE OFFICER OR PEACE OFFICER STATUS**

- I am a:  Auxillary or reserve constable  Court-appointed Bailiff  
 Sheriff/Deputy Sheriff  Special Provincial or Municipal Constable  
 Corrections Officer  Other \_\_\_\_\_

You are required to produce a letter of no conflict from your superior officer Section 2.5.4 of the Security Licensing Process and Licence Conditions Policies for details on what must be in the letter).

**NOTE: A member of a police force as defined in the British Columbia Police Act may NOT hold a security worker licence.**

**MENTAL HEALTH CONDITION**

- No  Yes I have been treated for a mental health condition. *If yes, attach the Mental Health Condition form (SPD0511) completed by your physician.*

**FINGERPRINTS**

- No  Yes I have had my fingerprints taken. *If yes, attach the Confirmation of Fingerprints form (SPD0507) completed by an RCMP approved fingerprinting agency. NOTE: only required for individuals who have not held a security worker licence previously.*

**CRIMINAL HISTORY**

- No  Yes I have a criminal record.

**PART 5: CONSENT**

**CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE SECURITY SERVICES ACT AND CONSENT TO CRIMINAL RECORD CHECK**

I hereby consent to the Registrar carrying out a criminal record check, police information check and correctional services information check on me and to use the copy of my fingerprints for that purpose. This consent will remain in effect for the duration of the period for which the licence is valid.

I hereby authorize the release to the Registrar any documents in the custody of the police, ~~the~~ the court, and crown counsel relating to these checks.

I hereby consent to my licence information (i.e., licence number and licence status) being available for viewing.

**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 Security Services Act and Regulations; and I am aware of and understand the conditions that will be placed on me as a licensee.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

**NOTE: A Security Worker Licence does NOT ALLOW the operation of a Security Business without a valid Security Business Licence.**

DISCLOSURE: All information regarding this application is collected under the Security Services Act and its 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 1-855-587-0185.