

Applicant Full Legal Name: (Surname) _____ (Given): _____ (Middle): _____
Address: Suite # _____ Street Address: _____ City/Town: _____ Province: _____ Postal Code: _____
Date of Birth: _____ Gender: Male Female
YYYY MM DD
Type of Photo Identification attached to this form: Driver's Licence Other Photo ID: _____

TO BE READ BY THE APPLICANT REQUESTING FINGERPRINTING

The information on this form and any other personal information collected regarding this application is collected under the *Security Services Act* and the regulations under this act. The information provided and collected will be used to process this application under the *Security Services Act*. The release and use of this information is in compliance with the *Security Services Act*, the *Freedom of Information and Protection of Privacy Act* (RSBC 1996, c.165) and the federal *Privacy Act*.

**BY SIGNING THIS REQUEST FOR FINGERPRINTING, I HEREBY AUTHORIZE AND CONSENT THAT
The Registrar, Security Services Act, and/or the Royal Canadian Mounted Police or any other law enforcement
agency designated by the Registrar, and any other individual or agency requested to do so by the Registrar:**

- To conduct a Criminal Record Check and to determine whether I have a record by gathering information from the Canadian Police Information Centre and other police record systems, the provincial court record system and the provincial correctional record system on any charges brought against me and the disposition of any charges brought against me including, but not limited to, convictions, conditional or absolute discharges, probation orders, peace bonds, restraining orders, warrants, prohibitions, refusal of a firearm;
- To provide a copy of any record, including investigation report or record of proceedings found; and
- To use any collected records, reports or personal information for purpose of a licence application including any adjudication or reconsideration in connection with a licence application.

I HEREBY AGREE THAT if a security licence is granted by the Registrar: a) to me, a security worker, or b) to the security business of which I have control of or have the ability to control the operation of:

- This authorization and consent by me shall remain in force for the duration of the period for which: a) such licence is issued to me, or b) I am a controlling member or have the ability to control the operation of the security business holding a valid security business licence.
- I will promptly report to the Registrar any charge or conviction for a provincial and/or federal offence which occurs subsequent to the date of this authorization by me; and

I HEREBY CERTIFY THAT:

- I have read and understand all parts of this authorization form; and
- The information provided by me in this application is true and correct to the best of my knowledge and belief.

Applicant Signature: _____ Date of Signature: _____
YYYY/MM/DD

Please take this form to your local police department, RCMP detachment or an approved fingerprint agency.

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 any questions regarding the collection or use of this information, please contact 1-855-587-0185.



INSTRUCTIONS TO RCMP DETACHMENT, POLICE DEPARTMENT or RCMP Accredited Fingerprinting Company

The Security Programs Division (SPD) is an accredited body that has been granted an ORI number unique to our program. The Canadian Criminal Real Time Identification Services (CCRTIS) fingerprint processing fee can be billed directly to the Security Programs Division by selecting our ORI from the LiveScan, CardScan, or iScreen device drop down menu. Fingerprint results are to be sent directly from CCRTIS to the Security Programs Division. Fingerprints may be taken digitally (electronic) or manually (ink and roll) and converted to digital prints by using a CardScan device.

LIVESCAN/CARDSCAN INSTRUCTIONS

Please provide the following information when submitting the applicant's fingerprints via LIVESCAN/CARDSCAN to CCRTIS in Ottawa:

- The date of fingerprinting;
- The reason for application (employment);
- The applicant's position, title and description; and
- Applicant signature.

Civil Ten Print: Select 'BC Ministry of Public Safety' as the contributing agency name. This will automatically populate the correct response address as well as invoice CCRTIS federal processing fee directly to the Security Programs Division. Please ensure the fee required area is set to 'Bulk Billing' and the send results area is set to 'Contributor'.

Do not charge the applicant the \$25 CCRTIS federal processing fee. The Security Programs Division will cover this cost.

iSCREEN INSTRUCTIONS

Please provide the following information when submitting the applicant's fingerprints via iSCREEN to CCRTIS in Ottawa:

- The date of fingerprinting;
- The reason for application (employment);
- A photograph of the applicant
- The applicant's position, title and description; and
- Applicant signature.

Under the **Application Type** tab, please ensure the following are selected:

- Record Type as 'ID Flats Security Services Act';
- Billing Method and Payment Type as 'Bulk Billing';
- Bulk Billing Agency Identifier as **BC80927**;
- Send Results as 'Response Address'; and
- Response Address as 'SSA'.

Do not charge the applicant the \$25 CCRTIS federal processing fee. The Security Programs Division will cover this cost.

If you have any questions, please contact the Security Programs Division directly at the address indicated below or by phone at 1-855-587-0185, option 1.

**Ministry of Public Safety and
Solicitor General
Policing and Security Branch**

Security Programs Division

Mailing Address:
PO Box 9217 Stn Prov Govt
Victoria BC V8W 9J1

Telephone: 1-855-587-0185
Facsimile: 250-387-4454
Email: sgspsdsec@gov.bc.ca