

# Authorization and Acknowledgement of Information Collection and Use AND Consent to a Criminal Record Check

— under the Security Services Act

The following section **must be completed** by every individual who has control or who is able to control the operation of the security business **unless** the individual already holds a valid B.C. Security Worker Licence and that licence number is provided to the Registrar, Security Services Act, when the business applies for, updates or renews a licence. **Important:** refer to the **“Controlling Members of a Security Business Guide”** for full information on a controlling member’s responsibilities. The website is also a source for various resources such as definitions, legislation, policy, etc., and the Code of Conduct which must be followed.

**Legal Name of the Security Business applying for/holding a security business licence:**

\_\_\_\_\_

**Your Legal Name:** (Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Other Name(s):** (*alias, maiden name, etc.*)

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

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

**Date of Birth** (year/month/day): \_\_\_\_\_ **Gender:**  Male  Female

**Residential Address:**

Apt.# \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Citizenship:**  I am a Canadian Citizen —attached is a clear copy of my birth certificate **or** valid Canadian Passport **or** Citizenship Certification Card.

(check [✓] one)  I am not a Canadian Citizen

**Residence:**  I reside in Canada — I have indicated below the **one** piece of photo identification I will attach a copy of:

(check [✓] one)

- Drivers Licence (Canadian issued)
- Passport
- BCID
- Canadian Firearms Licence
- Canadian Permanent Resident Card
- Canadian Native Status Card (must have photo)

I do not reside in Canada — I have attached a copy of **two** pieces of current/valid identification, one of them is photo identification.

**Fingerprints:**  Yes, I reside in Canada and ....  Yes, the Registrar already has my fingerprints on record; **OR**

(check [✓] one)

No, the Registrar does not have my fingerprints on record, therefore, I have attached the Confirmation of Fingerprints slip (form #SPD0507) stamped by the fingerprinting agency.

No, fingerprints are not required from me as I do not reside in Canada

**B.C. Security Licence History** (check **ONE** of the 3 options below):

1.  I am currently a controlling member of **another** licensed Security Business in B.C. (*other than the one named above*)

Legal Business Name: \_\_\_\_\_ Security Bus.Lic. # \_\_\_\_\_ Expiry date (year/month/day): \_\_\_\_\_

2.  I once had financial interest in or was a controlling member of a B.C. Security Business:

Legal Business Name: \_\_\_\_\_ Security Bus.Lic. # \_\_\_\_\_ Expiry date (year/month/day): \_\_\_\_\_

3.  I have never been a controlling member of a Security Business in B.C.

**Has a judgement of any court order been issued against you?**

No  Yes ... and details are: \_\_\_\_\_

**Have you had a undischarged business bankruptcy or been involved in a company that has declared bankruptcy or is in the process of declaring bankruptcy?**

No  Yes...The business licence number is # \_\_\_\_\_ Bankruptcy date: (year/month/day) \_\_\_\_\_

**POLICE Officer Status:** answer 'yes' or 'no' to the following questions and follow corresponding instructions.

No  Yes, **I am currently a member of a police force as defined in the Police Act.**

... **if yes**, as indicated in the 'Controlling Members of a Security Business Guide', a controlling member **may not** be a member of a police force and if so, the business's application for a security licence will NOT be accepted.

No  Yes, **I am a volunteer auxiliary or reserve constable.**

... **if yes**, attach the confirmation letter from your superior officer (see the "Pre-Requirements" in the 'Guide' for details on what must be in the letter).

No  Yes, **I am retired from the police force** — listed as member for administrative purposes only

... **if yes**, attach the confirmation letter from your superior officer (see the "Pre-Requirements" in the 'Guide' for details on what must be in the letter).

**PEACE Officer Status:** answer 'yes' or 'no' to the following . . .

No  Yes ... **I presently hold a position with Peace Officer status.**

... **if yes**, indicate below what position do you hold **AND** attach the confirmation letter from your superior officer (see the "Pre-Requirements" in the 'Guide' for details on what must be in the letter).

Sheriff/Deputy Sheriff  Corrections Officer  Court-appointed Bailiff  Special Provincial or Municipal Constable

**Criminal History:** Do you have a criminal record?  no  yes

**Mental Condition:** Have you ever been treated for a mental condition?  no  yes

**If yes**, you must have the *Mental Condition Form* (SPD0511) completed by your physician and provided to the Registrar, Security Services. (All forms and information are on the Security Industry and Licensing website)

If you do not wish to attach the completed mental condition form to this document, you may send it to the Registrar directly, BUT YOU MUST complete the covering slip at the bottom of this form — cut along dotted line, and attach it to the the mental condition form: Check one of the following so both the security business manager and Registrar know what to expect:

I have attached the completed mental condition form

I have not attached the completed mental condition form now, but will send it to the Registrar directly using the covering slip.

**BY SIGNING THIS AUTHORIZATION and ACKNOWLEDGEMENT of INFORMATION COLLECTION AND USE and CONSENT TO A CRIMINAL RECORD CHECK, I HEREBY AUTHORIZE AND CONSENT THAT:**

I hereby consent to the Registrar carrying out a criminal record check, police information check and correctional service 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 this security business licence is valid.

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

I agree that I will notify the Registrar of any new charge or conviction against me, or of any change in my residential address or legal name or peace officer status, or if I begin treatment for a mental condition.

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**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, contact 250 356-1501.

**TO:** Ministry of Public Safety and Solicitor General  
Policing and Community Safety Branch  
Security Programs and Police Technology Division  
PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1  
**Attention: Registrar, Security Services - Licensing Dept.**

**DATE:** (year/month/day) \_\_\_\_\_

**FROM:** Name: (Surname) \_\_\_\_\_ (Given) \_\_\_\_\_ (Middle) \_\_\_\_\_  
Date of Birth: (year/month/day) \_\_\_\_\_

**ATTACHED: **Completed Mental Condition Form****

**I control or am able to control the business operations of the Security Business, identified below, that is currently applying for a new licence, is updating their current licence records or is renewing their licence.**

Legal Name of Security Business: \_\_\_\_\_

Security Business Licence Number (if known): \_\_\_\_\_

Trade Name of Security Business (doing business as): \_\_\_\_\_

COVERING SLIP for completed mental condition form