



Reporting an UPDATE to Current Security Business Licence

Updates do not alter the expiry date of the

Security Services Act (Section 22) requires a security business licensee to notify the Registrar of Security Services of the following within 14 days of the change occurring:



- a change in business ownership, management or controlling member(s); in legal business name; and/or business address.

When completing this form, refer to the guide, "Getting and Keeping your Security Business Licence" found on the Security Industry and Licensing website where you will also find other forms you may need and more information.

DO NOT USE THIS FORM if your current licence is to expire within 30 days. Use either the Application to Renew With Changes (#SPD0501) or Application to Renew with No changes (#SPD0506).

PAYMENT : No fee is required if you are only using Part 1 of this form -- skip this box. Updates provided in Part 2 of this form will alter the face of the business licence, therefore, requires your payment of \$20 to cover the cost of printing and postage. Complete this box.

Select your payment type: **DO NOT SEND CASH. Personal Cheques are NOT accepted.**

- credit balance bank-issued certified cheque or money order made payable to the Minister of Finance
- credit card (using Authorized for Credit Card Usage Form (SPD0509)  

TOTAL ENCLOSED: \$ _____

CURRENT LICENCE: Security Business Licence # _____ Expiry date (yy/mm/dd) _____

LEGAL BUSINESS NAME: (as shown on current licence) _____

CONTACT INFORMATION (if changed from what Registrar has on record now, provide updated contact information here)

Ph:(_____) _____ Fax (_____) _____ Email _____

Part 1:

Check all that apply, provide the details and required attachments. Any information you provide here, in Part 1, will not alter the actual face of your licence, just your records with the Registrar. If you are only using Part 1 of this form, NO FEE is required.

- Add individual to records Remove individual from records

Name: (Surname) _____ (Given) _____ (Middle) _____

Position: _____

- Yes, this individual has a Security Worker Licence and the number is # _____

OR

NO, this individual does not have a Security Worker Licence so they have completed form Form SPD0510 - *Authorization and Acknowledgment of Information Collection and Use; and Consent to a Criminal Record Check* - have attached the required documentation and it is included in this application package.

- Add individual to records Remove individual from records

Name: (Surname) _____ (Given) _____ (Middle) _____

Position: _____

- Yes, this individual has a Security Worker Licence and the number is # _____

OR

NO, this individual does not have a Security Worker Licence so they have completed form Form SPD0510 - *Authorization and Acknowledgment of Information Collection and Use; and Consent to a Criminal Record Check* - have attached the required documentation and it is included in this application package.

Part 2:

If you are providing any information below, in Part 2, you **must provide payment of \$20** to cover the costs of printing a new licence and postage. (Complete 'Payment' box on page one) The expiry date of your licence will not change.

CHANGE IN BUSINESS TRADE NAME: *(This is not the legal business name ... to update the Registrar on legal business name change, go to Part 2)*

No Yes ... the business has a **new "Trade" Name:** _____
(no documentation required)

BRANCH OFFICE CHANGE: add this branch to the records remove this branch information from the records

Suite.# _____ Street Address _____ City/Town: _____ Province: _____ Postal Code: _____

Branch Manager Name: _____ Branch Manager Phone: (____) _____

BRANCH OFFICE CHANGE: add this branch to the records remove this branch information from the records

Suite.# _____ Street Address _____ City/Town: _____ Province: _____ Postal Code: _____

Branch Manager Name: _____ Branch Manager Phone: (____) _____

BRANCH OFFICE CHANGE: add this branch to the records remove this branch information from the records

Suite.# _____ Street Address _____ City/Town: _____ Province: _____ Postal Code: _____

Branch Manager Name: _____ Branch Manager Phone: (____) _____

New LEGAL BUSINESS NAME:

attached is documentation showing legal name change.

New BUSINESS ADDRESS (required if different than the one currently printed on the security business licence):

Street _____

City _____ Prov _____ Postal Code _____

DOGS: No ... this security business will NOT be using dogs for the purpose of security work, therefore, no authorization from Registrar is required.

(check [✓] one) Yes ... this security business WILL be using dogs for the purpose of security work and, therefore, requests authorization from the Registrar.

This security business has the Registrar's authorization to use dogs for the purpose of security work and still needs this condition on the licence.

LICENCE TYPE: *check off only the licence types the business is qualified for and intends to provide. **Include** the licence type currently on the licence if the business intends to continue providing that type of service.*

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Security Alarm Installer | <input type="checkbox"/> Closed Circuit Television Installer | <input type="checkbox"/> Security Consultant | <input type="checkbox"/> Body Armour Vendor |
| <input type="checkbox"/> Security Alarm Sales | <input type="checkbox"/> Electronic Locking Device Installer | <input type="checkbox"/> Security Guard | |
| <input type="checkbox"/> Security Alarm Monitoring | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Armoured Car Guard . . . if Armoured Car Guard services to be provided, <u>attach</u> required documentation re: the vehicle. (see guide) | |
| <input type="checkbox"/> Security Alarm Response | <input type="checkbox"/> Private Investigation | | |

Identify individual(s) employed by the business who hold(s) a valid B.C. Security Worker Licence that support(s) the various licence types the business wishes to add to their current licence.

Name: (surname/given/middle) _____ Security Worker Licence Number: _____

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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 questions regarding the collection or use of this information, contact 250 356-1501.