



GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR
Department of Government Services

**RENEWAL APPLICATION
AGENCY LICENCE
PRIVATE INVESTIGATION AND
SECURITY SERVICES ACT**

FOR OFFICE USE ONLY

Receipt No.

Agency No.

Application No.

Licence No.

LICENCE TYPE: PRIVATE INVESTIGATION SECURITY GUARD BURGLAR ALARM
 ARMOURED COURIER SECURITY CONSULTING

TYPE OF BUSINESS: CORPORATION PARTNERSHIP SOLE PROPRIETOR

CORPORATION OR PARTNERSHIP (PLEASE PRINT)

Legal Name of Business

SOLE PROPRIETOR

Last Name	First Name	Middle Name(s)	Previous legal name, aliases, etc.
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BUSINESS OPERATING/TRADE NAME (IF APPLICABLE)

MAILING ADDRESS OF BUSINESS

LOCATION OF BUSINESS

Street Name and No.		Street Name and No.	
P.O. Box, R.R. No.	City/Town	City/Town	
Province	Postal Code	Province	
Business Telephone No.	Business Fax No.	E-Mail Address	

BRANCH OFFICE LOCATIONS

Please attach list of branch office locations in the Province. (If changed since last licencing period.)

SIGNING AUTHORITIES

Please attach a list of all individuals who have signing authority on behalf of your agency. (If changed since last licencing period.) Also provide copies of specimen signatures.

CRIMINAL RECORD SCREENING

Have you or any partners, officers, directors or manager for the agency, or has the agency, been charged with any criminal offence under any statute of the Parliament of Canada in the past 5 years, that has not already been disclosed to the Administrator? If Yes, please attach particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you or any partners, officers, directors or manager for the agency, or has the agency, been convicted or found guilty of an offence under the law of any country, state or province in the past 5 years, that has not already been disclosed to the Administrator? (Include absolute discharge and conditional discharge.) If Yes, please attach particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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THE FOLLOWING SECTION MUST BE COMPLETED BY THE MANAGER FOR A CORPORATION OR PARTNERSHIP IF THE MANAGER HAS CHANGED SINCE THE LAST LICENCING PERIOD

MANAGER

Last Name	First Name	Middle Name(s)	Previous legal name, aliases, etc.
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PERSONAL INFORMATION

Residence Mailing Address	City/Town	Province	Postal Code
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Residence Telephone No.	Residence Fax No.	E-Mail Address
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<input type="checkbox"/> Male	Date of Birth Y M D	Place of Birth	Height	Weight	Eye Colour	Hair Colour	Distinguishing Marks
<input type="checkbox"/> Female							

Driver's Licence No.	Province/State of Issue	Government Issued Photo ID and Type	Social Insurance Number
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Are you a Canadian Citizen? If No, provide copy of immigration/work visa documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Indicate if you are a: Special Constable Provincial Civil Constable Or Member of a Police Service Auxiliary Police

PLACE OF RESIDENCE FOR THE PAST FIVE YEARS (INCLUDE FULL MAILING ADDRESS AND ATTACH SEPARATE SHEET IF NECESSARY.)

EMPLOYMENT RECORD DURING THE PAST FIVE YEARS (ATTACH SEPARATE SHEET IF NECESSARY.)

TRAINING/EXPERIENCE (PROVIDE TRAINING/EXPERIENCE IN THE SECURITY INDUSTRY AND ATTACH SEPARATE SHEET IF NECESSARY. IF THE REQUIRED TRAINING HAS BEEN COMPLETED, PLEASE ATTACH A COPY OF YOUR DIPLOMA OR CERTIFICATE.)

DECLARATION AND AUTHORITY FOR RELEASE OF INFORMATION (TO BE COMPLETED BY ALL APPLICANTS)

I hereby certify that the information set out in this application is true and correct to the best of my knowledge and belief. I hereby consent to a police records and background check. I hereby consent to the disclosure of the result of a police records and background check, and authorize any police service that is requested to perform such a check to disclose any or all information obtained by the police records and background check to the appropriate authority or any person authorized by him or her. I hereby consent that the information provided may be shared with government administrators in other provinces, states or countries for use consistent with this legislation.

Caution: Any person who knowingly furnishes false information in any application under the Act is guilty of an offence.

SIGNATURE

DATE

NAME (PLEASE PRINT)