

 <p>Newfoundland Labrador</p> <p>GOVERNMENT OF NEWFOUNDLAND AND LABRADOR Department of Government Services</p>	<p>APPLICATION AGENT LICENCE PRIVATE INVESTIGATION AND SECURITY SERVICES ACT</p>	FOR OFFICE USE ONLY
		Receipt No.
		Agent No.
		Application No.
		Licence No.

LICENCE TYPE: **ARMoured VEHICLE GUARD** **PRIVATE INVESTIGATOR**
 BURGLAR ALARM **SECURITY CONSULTANT**

APPLICANT INFORMATION (PLEASE PRINT)

Last Name		First Name		Middle Name(s)		Previous legal name, aliases, etc.	
Residence Mailing Address				City/Town		Province	
Residence Telephone No.		Business Telephone No.		Fax No.		E-mail Address	
Armoured Vehicle Guards Only Valid Firearms Licence <input type="checkbox"/> Yes <input type="checkbox"/> No		Province of Issue	PAL Licence No. and Expiry Date			ATC and Expiry Date	

PHYSICAL DESCRIPTION

<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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EMPLOYER

Employing Agency (Please give full name of the agency.)
Location of Agency

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

ADDRESS	FROM (YEAR)	TO (YEAR)

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

ADDRESS	FROM (YEAR)	TO (YEAR)

CRIMINAL RECORD SCREENING

Have you been charged with any criminal offence under any statute of the Parliament of Canada in the past 5 years? If Yes, please attach particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted or found guilty of an offence under the law of any country, state or province in the past 5 years? (Include absolute discharge and conditional discharge.) (If Yes, please attach particulars.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

LICENCE INFORMATION

Have you ever been refused a security industry licence in any province, state or country? If Yes, please attach particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently or have you been previously licenced in the security industry in any province, state or country? If Yes, please attach particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate if you are a: Special Constable Provincial Civil Constable Or a member of a Police Service Auxiliary Police

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

DECLARATION AND AUTHORITY FOR RELEASE OF INFORMATION (TO BE COMPLETED BY THE APPLICANT)	APPROVAL OF EMPLOYING AGENCY
<p>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.</p> <p>I hereby consent to the disclosure of the results 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.</p> <p>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.</p> <p>CAUTION Any person who knowingly furnishes false information in any application under the Act is guilty of an offence. In addition, the license may be refused.</p> <p>_____ SIGNATURE</p> <p>_____ NAME (PLEASE PRINT)</p> <p>_____ DATE</p>	<p>We have reviewed this completed application and have approved the applicant for hiring.</p> <p>_____ NAME OF AGENCY</p> <p>_____ SIGNATURE OF AUTHORIZED SIGNING OFFICER</p> <p>_____ NAME OF AUTHORIZED SIGNING OFFICER (PLEASE PRINT)</p> <p>_____ DATE</p>