

Justice
Public Safety and Security Division
Security Programs

Application for Individual License RENEWAL Private Investigator and/or Private Guard

Instructions: Applicants MUST COMPLETE BOTH SIDES OF FORM. HAND PRINT in black or blue ink or TYPE ONLY. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Part 1 - To be Completed by BUSINESS REPRESENTATIVE								Shaded areas are for Office use only			
Name of business (in full)			☐ Privat	Application for (check all that apply): Private Investigator Private Guard						Business no.	
Address of business			□ Privat	☐ Private Guard ☐ Private Investigator and Private Guard ☐ Private Guard — armed guard endorsement					Person no.		
			☐ Privat	te Guard –	d dog handler endorsement rm exemption			t Receipt no.			
			□ Baton	(private guard performing retail security) ☐ Baton endorsement ☐ Restraining device endorsement				License no.			
Part 2 - To be Completed by AP	PLICANT. Plea	ise ensure	all applic	able fie	lds a	re completed	i.				
Legal last or family name of applicant Legal first name(s)				Legal second name(s)			` '		egal former name, maiden name, aliases, tc.		
Street no. and street name or lot				Apt. no.				Email			
City, town, village, R.R.						Postal code			Contact no.		
Armed Guard Endorsement Authorization to Carry			Possession	n and Acqu	isitior	l 1 License					
Number Expiry				Number		Expiry			Province of Issue		
Attach proof of completed Firearms p	roficiency test.	_						ļ.			
Has there been a change in your entitled if yes, attach a copy of new documents			Yes 🗖 N	No							
The information in items 3 to 5 is requir	ed for a police re	cords and bac	kground ch	eck.							
3. Date of Birth Date of Birth Wear month day	Province/State of	nce/State of birth Distinguishing r				Height	Weight		Eye colour	Hair colour	
4. Driver's license no.	Province/State of issue Or government issued photo identification and type										
5. (a) Have you been convicted of an offence under any federal, provincial or territorial statutes in the past 12 months?							□ Yes □ No				
							Yes 🗖 No				
(c) Have you pled guilty or been found guilty of any offence for which you have been absolutely discharged or conditionally discharged in the past 12 months?								Yes 🗖 No			
(d) Have you been charged with any offence in the past 12 months which is still					pending?			_	☐ Yes ☐ No		
(e) Do you have any outstanding fines in default?							☐ Yes ☐ No				
An answer of "yes" may require further If you answered "yes" to any of the abo PROVIDE SUMMARY OF INCIDENT/OFFE	ve, GIVE ALL deta	ails. (If space	is insufficie				and atta	ch.)			
Offence	Date	Place		F		Police Department		Outcome of Proceedings			

Declaration and Authority for Release of Information

By signing this application:

- · I consent to a police records and background check.
- I 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 them.
- I consent to the sharing of this information in other provinces, states or countries for use consistent with this application.
- I understand that the decision of this application will be communicated to my prospective employer.
- I agree that if a license is granted pursuant to this application, this authorization and consent by me shall remain in force for the duration of the period for which the license is issued.
- I will promptly report to my employer and the Department of Justice, Public Safety and Security Division, Security Programs, any charge or conviction for a provincial and/or federal offence that occurs after the date that I sign this authorization, and

I certify that

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

I further acknowledge that

Section 4 of the Private Investigators and Private Guard Act states that no person shall act as a private investigator or private guard, unless the person is the holder
of a license therefor issued under this Act.

Caution It is an offence to knowingly furnish false information in any application under the Act. In addition, the license may be refused. Signature of applicant Date of signature

Print name	
Part 3 - To be Completed by BUSINESS REPRESENTATIVE	
The following fee and supporting documents must be submitted with this applicat	ion:
 □ applicable licensing fee □ 1 current full-face photograph of the applicant □ copy of government issued photo identification (e.g. driver's license) □ work visa, immigration papers, or Canadian citizenship papers (if applicable) □ proof of firearms proficiency test (for armed guard endorsement) 	
Employer's Statement (to be completed and signed by the business representative) I have reviewed this completed application and I certify that this applicant is consider applied for in this Form.	red a suitable person for the license and any endorsements or uniform exemption
Signature of authorized business representative	Date of signature
Print name	Position in company or partnership

Any questions relating to this application may be directed to:

Department of Justice Public Safety and Security Division, Security Programs PO Box 7

Halifax, Nova Scotia B3J 2L6 Telephone: (902) 424-2905 Fax: (902) 424-4308 www.gov.ns.ca/just/