

IMPORTANT:

- Applicants **MUST COMPLETE BOTH SIDES OF THE FORM. HAND PRINT (DO NOT USE BLACK INK) OR TYPE ONLY.**
- **INCOMPLETE APPLICATIONS WILL BE RETURNED.** Please ensure you have completed all sections correctly and attached any supporting documents. Contact office if you need assistance.
- **YOU CANNOT WORK UNLESS YOU HAVE A VALID LICENSE**

| Part 1 - To be Completed by BUSINESS REPRESENTATIVE | | Shaded areas are for Office use only |
|---|---|--------------------------------------|
| Name of business (<i>in full</i>) | Application for (check all that apply): <input type="checkbox"/> Private Investigator <input type="checkbox"/> Private Guard <input type="checkbox"/> Private Investigator and Private Guard <input type="checkbox"/> Private Armed Guard – armed guard endorsement <input type="checkbox"/> Private Guard – guard dog handler endorsement <input type="checkbox"/> Private Guard – uniform exemption (restricted only for a retail store environment) <input type="checkbox"/> Baton endorsement <input type="checkbox"/> Restraining device endorsement | Business no. |
| Address of business | | Person no. |
| | | Receipt no. |
| | | License no. |

| Part 2 - To be Completed by APPLICANT. Please ensure all applicable fields are completed. | | | |
|---|---------------------|----------------------|---|
| Legal last or family name of applicant | Legal first name(s) | Legal second name(s) | Legal former name, maiden name, aliases, etc. |
| Street no. and street name or lot | | Apt. no. | Email |
| City, town, village, R.R. | | Postal code | Contact no. |

1. **Armed Guard Endorsement (armoured vehicle companies only)**

| | | | | |
|------------------------|--------|------------------------------------|--------|-------------------|
| Authorization to Carry | | Possession and Acquisition License | | |
| Number | Expiry | Number | Expiry | Province of Issue |

Attach proof completed Firearms proficiency test.

2. Were you born outside of Canada? No Yes If yes, please attach a copy of your document showing you are legally entitled to work in Canada (e.g. work permit, citizenship, permanent resident, etc.)

3. Do you currently hold peace officer status (police officer, sheriff, correctional officer, or government enforcement officer) in Nova Scotia or any other province, state or country? No Yes (Provide the name of your employer)

The information in items 4 to 6 is required for a police records and background check.

| | | | | | | | |
|---|-------------------------------------|-------------------------|--------------------------|--------|--------|------------|-------------|
| 4. <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth year month day | Province/State of Birth | Any distinguishing marks | Height | Weight | Eye colour | Hair colour |
|---|-------------------------------------|-------------------------|--------------------------|--------|--------|------------|-------------|

5. (a) Have you been convicted of an offence under any federal, provincial or territorial statutes in the past 12 months? Yes No

(b) Are you currently under a probation or parole order, conditional sentence, or peace bond? 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? Yes No

(e) Do you have any outstanding fines in default? Yes No

An answer of "yes" may require further information but does not necessarily affect the granting of a license.
If you answered "yes" to any of the above, GIVE ALL details. (If space is insufficient, complete on a separate sheet and attach.)

PROVIDE SUMMARY OF INCIDENT/OFFENCE ON SEPARATE SHEET AND ATTACH.

| Offence | Date | Place | Police Department | Outcome of Proceedings |
|---------|------|-------|-------------------|------------------------|
| | | | | |
| | | | | |

Declaration and Authority for Release of Information – IT IS IMPORTANT THAT YOU READ AND UNDERSTAND THIS BEFORE SIGNING

By signing this application:

- **I consent** to a police records check and a criminal and court records background check being done by authorized staff of the Security Programs Office which includes but not limited to information regarding convictions, findings of guilt, records of outstanding warrants, charges (provincial/federal) and unpaid fines in default.
- **I consent** to providing my application form to any police service for additional information that may be required in relation to my police records check and my criminal and court records background check.
- **I authorize** the release of any documents in the custody of any police service or the courts relating to these checks to authorized staff of the Security Programs Office.
- **I understand** that all information about me that is obtained during the police records check and the criminal and court records background check is used by the Registrar and authorized staff, for the purpose of determining eligibility for the issuance of a security licence.
- **I consent** to the sharing of my information with other provinces, for the purpose of security licence eligibility.
- **I certify** I have read and understand all parts of this application form, and the information provided by me in this application and all attachments I have submitted to be true and correct to the best of my knowledge and belief.
- **I agree** I will promptly report to the Security Programs Office and any security business I am employed with, any charge or conviction for a provincial and/or federal offence that occurs on or after the date I sign this authorization.
- **I understand** that if the application is incomplete and/or missing information, a licence will not be issued until this information is submitted to the Security Programs Office. I also understand that the application fee is non-refundable.
- **I understand** that no person shall act as a private investigator, private guard or armed guard, unless the person is the holder of a valid license issued under the *Private Investigators and Private Guards Act*.
- **I understand** that if a licence 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 licence is valid.
- **I understand** that if I knowingly or recklessly provide false information in this application, or to authorized staff of the Security Programs Office, it may lead to my application being refused, or any resulting license being suspended or revoked, and/or prosecution.

Signature of applicant (original signature required)

Date of signature

Print name

Part 3 - To be Completed by BUSINESS REPRESENTATIVE

The following fee and supporting documents must be submitted with this application:

- applicable licensing fee (non-refundable)
- 1 current full-face photograph of the applicant (if applicable)
- copy of valid government issued photo identification with date of birth and signature (e.g. driver's license, passport)
- work visa, immigration papers, or Canadian citizenship papers (if applicable)
- proof of firearms proficiency test (for armed guard endorsement)
- proof of training certificate for baton/restraining device endorsement (if applicable)

Employer's Statement (to be completed and signed by the business representative)

- I have reviewed this completed application and confirm the information provided is true and correct to the best of my knowledge and belief.
- I certify that this applicant is considered a suitable person for the license and any endorsements applied for in this Form.

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
Email: secprog@novascotia.ca
www.novascotia.ca/just/public_safety/private_security.asp