

License Reinstatement Request Form Private Investigator and/or Private Guard (No Fee Required)

This form is to be used to request the reinstatement of a private investigator, private guard or private armed guard license that has been terminated during the current licensing year (April 1- March 31).

Ensure both sides of the form are complete and all supporting documents are attached. **INCOMPLETE APPLICATIONS WILL BE RETURNED**

Note: If your license was not returned with the termination form, or at the request of the Security Programs Office, the reinstatement may not be approved, and you will be required to re-apply.

YOU CANNOT WORK UNLESS YOU HAVE A VALID LICENSE

Part 1 - To be Completed by BUSINESS REPRESENTATIVE	Shaded areas are for Office use only
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Name of business (<i>in full</i>)	License # to reinstate	Person #
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Part 2 - To be Completed by APPLICANT. Handprint-do not use black ink			
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Legal last or family name of applicant	Legal first name(s)	Legal second name(s)	Legal former name, maiden name, aliases, etc.
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Street no. and street name or lot	Apt. no.	Email
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City, town, village, R.R.	Postal code	Contact no.
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1. <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth <small>year month day</small>	Province/State of Birth	Any distinguishing marks	Height	Weight	Eye colour	Hair colour
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2. Has there been any change in your documentation or entitlement to work in Canada in the past 12 months? No Yes If yes, please attach a copy of your current document showing you are legally entitled to work in Canada (e.g. work/study permit, citizenship, permanent resident etc.).

3. Have you obtained peace officer status in the past 12 months? (police officer, sheriff, correctional officer, or government enforcement officer) in Nova Scotia or any other province, state or country? No Yes If yes, provide the name of your employer.

4. List place of residence for the past 12 months if different from current address. (Street #, name or lot, apt #, city, town, village R.R., postal code), If space is insufficient, complete on a separate sheet and attach.	From (m/y)	To (m/y)

5. (a) Have you been convicted of an offence under any federal, provincial or territorial statutes in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(b) Are you currently under a probation or parole order, conditional sentence, or peace bond? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(d) Have you been charged with any offence in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(e) Do you have any outstanding fines in default? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered "yes" to any of the above, give details below and provide a summary of the incident on a separate sheet and attach.

Offence	Date	Place	Police Department	Outcome of Proceedings

6. Current and previous employment and/or unemployment for the past 12 months. Please ensure to include your security industry employment (If space is insufficient, complete on a separate sheet and attach).

Employer's Name, Address and Phone Number	Type of Work	Period Employed <small>From (m/y) To (m/y)</small>	Reason For Leaving

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 reinstatement 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 reinstated until this information is submitted to the Security Programs Office.
- **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 reinstated 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 supporting documents must be submitted with this application:

- copy of the applicant's valid government issued photo identification with date of birth and signature (*e.g. driver's license, passport*).
- copy of the applicant's current document showing they are legally entitled to work in Canada if documentation or entitlement to work in Canada has changed in the past 12 months.
- copy of the applicant's current firearms proficiency test if they are reinstating a private armed guard license.
- copy of the applicant's current training certificate for baton/restraining device endorsement if the license they are reinstating had these endorsements. If not, a Business Request form is required to add them to the license.

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

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