



APPLICATION FOR A 90-DAY SECURITY GUARD UNDER SUPERVISION LICENCE

IMPORTANT. This type of licence is valid for only 90 days and can only be held once.

PART 1: FEE

CASH, DEBIT CARDS, DEBIT-CREDIT CARDS, PERSONAL OR BUSINESS CHEQUES ARE NOT ACCEPTED.

PAYMENT BY:

- MONEY ORDER OR CERTIFIED CHEQUE, PAYABLE TO THE MINISTER OF FINANCE
CREDIT CARD - USING CREDIT CARD AUTHORIZATION FORM (SPD0508)

Enclosed fee for Security Guard Under Supervision: \$60

PART 2: APPLICATION TYPE

(CHECK [ ] THE CORRECT OPTION AND FOLLOW THROUGH WITH THE CORRESPONDING INSTRUCTION)

- I have never held a B.C. Security Guard Under Supervision licence type nor any other type of B.C. Security Worker Licence before.
I currently hold a valid B.C. Security Worker Licence for other type(s) of security work but I wish to apply now for a B.C. Security Guard Licence Under Supervision.

CURRENT SECURITY WORKER LICENCE #E: EXPIRY DATE: YYYY MM DD

PART 3: APPLICANT INFORMATION

Form with fields for LEGAL SURNAME / LAST NAME, LEGAL GIVEN / FIRST NAME, LEGAL MIDDLE NAME, DATE OF BIRTH, GENDER, ADDITIONAL NAMES, RESIDENTIAL ADDRESS, MAILING ADDRESS, AREA CODE & PHONE NO., EMAIL, and CITIZENSHIP options.

**PHOTO IDENTIFICATION – I have attached or previously provided a clear valid copy of (check only one):**

- DRIVER'S LICENCE    PASSPORT    BCID    CANADIAN FIREARMS LICENCE    BC SERVICES CARD (MUST HAVE PHOTO)  
 CANADIAN PERMANENT RESIDENT CARD    CANADIAN NATIVE STATUS CARD (MUST HAVE PHOTO)

**PHYSICAL DESCRIPTION – This information will appear on your licence.**

- |                              |                            |                          |  |                   |   |
|------------------------------|----------------------------|--------------------------|--|-------------------|---|
| <b>HEIGHT</b> (FT/IN OR CMS) | <b>WEIGHT</b> (LBS OR KGS) | <b>HAIR TYPE/ COLOUR</b> | <input type="checkbox"/> BLACK <input type="checkbox"/> BLONDE <input type="checkbox"/> BROWN <input type="checkbox"/> RED<br><input type="checkbox"/> GREY <input type="checkbox"/> WHITE <input type="checkbox"/> BALD | <b>EYE COLOUR</b> | <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> BLACK<br><input type="checkbox"/> GREEN <input type="checkbox"/> HAZEL <input type="checkbox"/> WHITE |
|------------------------------|----------------------------|--------------------------|--|-------------------|---|

**PHOTOGRAPH – This will appear on your licence and it must be updated every five years.**

- I have attached a passport quality photo of myself that has been taken within the last 12 months

**POLICE OFFICER OR PEACE OFFICER STATUS**

- I am a:    Auxillary or reserve constable    Court-appointed Bailiff  
 Sheriff/Deputy Sheriff    Special Provincial or Municipal Constable  
 Corrections Officer    Other \_\_\_\_\_

**MENTAL HEALTH CONDITION**

- No    Yes, I have been treated for a mental condition. *If yes, attach the Mental Health Condition form (SPD0511) completed by your physician.*

**CRIMINAL HISTORY**

- No    Yes, I have a criminal record.

**FINGERPRINTS**

- No    Yes, I have had my fingerprints taken. *If yes, attach the Confirmation of Fingerprints form (SPD0507) completed by an RCMP approved fingerprinting agency. NOTE: only required for individuals who have not held a security worker licence previously.*

**PART 4: CONSENT**

**CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE SECURITY SERVICES ACT AND CONSENT TO CRIMINAL RECORD CHECK**

I hereby consent to the Registrar carrying out a criminal record check, police information check and correctional services information check on me and to use the copy of my fingerprints for that purpose. This consent will remain in effect for the duration of the period for which the licence is valid.

I hereby authorize the release to the Registrar any documents in the custody of the police, corrections, the court, and crown counsel relating to these checks.

I hereby consent to my licence information (i.e., licence number and licence status) being available for viewing.

**I HEREBY CERTIFY THAT I have read and understand all portions of this application form and the information set out by me in this application is true and correct to the best of my knowledge and belief. I have read and understand the Security Services Act and Regulations; and I am aware of and understand the conditions that will be placed on me as a licensee.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**NOTE: A Security Worker Licence does NOT ALLOW the operation of a Security Business without a valid Security Business Licence.**

**DISCLOSURE:** All information regarding this application is collected under the Security Services Act and its Regulations and will be used for that purpose. The use of this information will comply with the Freedom of Information and Privacy Act and the Federal Privacy Act. If you have questions regarding the collection or use of this information, please contact 1-855-587-0185.