

Province of Prince Edward Island
Private Investigators and Security Guards Act - R.S.P.E.I. 1988, Cap. P-20

Application for a Security Guard License

Return completed application to:

Department of Environment, Labour & Justice
Community Safety & Justice Policy
c/o The Firearms Office
PO Box 2000, 161 Maypoint Road
Charlottetown, PE CIA 7N8
Telephone: 902-368-5536

License Application Fee: \$30.00
Make cheque payable to the
Minister of Finance

For Office Use Only: (OAG)

Received:	Receipt No.:	Driver Licence #
Approval Date:	Approved by:	Voluntary ID #
CRLS License Number:	CPIC Result:	Notes:

1. Last Name _____ G1 _____ G2 _____ G3 _____

Other name previously used by applicant: _____

Street Address: _____ P.O. Box _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone: _____ Sex: Male ___ Female ___

Date of birth: Day ___ Month ___ Year ___ Place of Birth: _____

If born outside of Canada, how long have you lived continuously in Canada? _____

Physical Description: _____
 Height _____ Weight _____ Eye Color _____ Hair Color _____ Complexion _____

2. Do you hold a permit to carry a restricted firearm? Yes No If yes, please provide details:

Make/Model of gun: _____ Serial #: _____ ATC #: _____

3. Have you ever applied for a Security Guard's license before? Yes No If yes, please provide details:

Where? _____

Firm Name: _____

When? _____

4. Have you ever been convicted of an offence(s) under the law of any province, state or country?
Yes No . If yes, please provide details. (Place/Date/Offence(s)/Sentence) **Convictions for which a pardon has been granted need not be disclosed.** _____

5. Do you have a PEI Driver's Licence or a PEI Voluntary ID? Yes ___ No ___ If yes, complete the rest of the application.

I, _____, the applicant, hereby grant the Office of the Attorney General permission to access my Driver's License / Voluntary I. D. records to use my photo for this license.

Signature _____ Date: _____

Driver's Licence or Voluntary ID # _____

6. I, _____, the applicant, hereby grant the Office of the Attorney General permission to make inquiries through the Canadian Police Information Centre (CPIC) and, if necessary, other police agencies in support of this application. I also certify that the information given in this application is correct.

Signature: _____ Date: _____

EMPLOYER INFORMATION: I, Mark Hellmich, the undersigned employer, hereby certify that the above named applicant is employed by the below noted firm.

Company Name: East Coast Security Services Inc.

Address: 78 Memory Lane, O'Leary, PEI

Postal Code: C0B 1V0

Telephone Number: 902-394-2819 Fax Number: 902-859-4702

Date: _____ Signature: _____