

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:
Consumer Services - Firearms Office
Office of the Attorney General
P.O. Box 2000 - 161 Maypoint Road
Charlottetown, PE CIA 7N8
Telephone: 902-368-5536

License Application Fee: \$30.00
Make cheque payable to the
Provincial Treasurer - P.E.I.

For Office Use Only: (OAG)

Received:	Receipt No.:
Approval Date:	Approved by:
CRLS License Number:	CPIC Result:

Highway Safety Use Only:

Driver's Licence #	Full Name:
Date of Birth: Y ___ M ___ D ___	Street Address:
Expiry Date:	City/Province/PC
Type of Licence: SG ___ PI ___	Company Name:

1. Full Name of Applicant (Please Print or Type): _____

Maiden or other name previously used by applicant: _____

Street Address: _____ P.O. Box _____

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

Telephone: _____

Date of birth: (d/m/y) _____ Place of Birth: _____

Physical Description: _____
Height (cm) Weight (kg) 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 pardon has been granted need not be disclosed.** _____

5. Do you have a PEI Driver's Licence? 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 records to use my photo for this license.

Signature _____ Date: _____

Driver's Licence # _____

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, the undersigned employer, hereby certify that the above named applicant is employed by my firm.

Company Name: East Coast Security Services Inc.

Address: P.O. Box 3376

Charlottetown, PEI Postal Code: C1A 8W5

Telephone Number: 1-902-394-2819 Fax Number: 1-902-859-4702

Date: _____ Signature: _____