

**Instructions: Applicants MUST COMPLETE BOTH SIDES OF FORM. HAND PRINT in black or blue ink or TYPE ONLY. INCOMPLETE APPLICATIONS WILL BE RETURNED**

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 Guard – armed guard endorsement <input type="checkbox"/> Private Guard – guard dog handler endorsement <input type="checkbox"/> Private Guard – uniform exemption (private guard performing retail security) <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.

**Endorsements**

<p><b>Armed Guard Endorsement</b></p> <p>1. (a) Have you applied for your Authorization to Carry?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Authorization to Carry no. and expiry date</p> <p>(b) Firearms Possession and Acquisition License:</p> <table border="1"> <tr> <th>License no.</th> <th>Expiry</th> <th>Province of Issue</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>(c) Attach proof of completed Firearms proficiency test.</p>	License no.	Expiry	Province of Issue				<p><b>Guard Dog for Hire Endorsement</b></p> <p>2. Summary of experience and training in the use of guard dogs for hire. Give details. (<i>If space is insufficient, attach a separate sheet.</i>)</p> <p><b>Baton or restraining device endorsement</b></p> <p>3. Attach written proof of training that you have received in the use of a baton or restraining device.</p> <p>4. Attach written authorization from the business to carry a baton or restraining device.</p>
License no.	Expiry	Province of Issue					

5. (a) If you were born outside of Canada, in what year were you admitted to Canada? \_\_\_\_\_  
 (b) Are you legally entitled to work in Canada?  Yes  No (*Attach a copy of immigration papers, Canadian citizenship papers or work visa.*)

6. Do you presently hold a position with Peace Officer status in Nova Scotia or any other province, state or country?  Yes  No  
 If yes, give details. *Note: restrictions for employment may apply.*

**THE INFORMATION IN ITEMS 7 TO 11 IS REQUIRED FOR A POLICE RECORDS AND BACKGROUND CHECK.**

7. <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth year month day	Province/State of birth	Distinguishing marks	Height	Weight	Eye colour	Hair colour
8. Driver's license no.		Province/State of issue	Or government issued photo identification (with date of birth) and type				
9. List place of residence for the past 5 years. <b>Exclude present address. (If space is insufficient, complete on a separate sheet and attach.)</b> ( <i>Street no., name or lot, apt.no., city, village, R.R., postal code</i> )						From (m/y)	To (m/y)

10. (a) Have you been convicted of an offence under any federal, provincial or territorial statutes for which you have not received a pardon? (*Examples: Criminal Code, Controlled Drugs and Substances Act, Liquor Control Act, Youth Criminal Justice Act*)  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?  Yes  No

(d) Have you been charged with any offence which is still pending?  Yes  No

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

(f) Have you been charged with any Criminal Code offence with a final disposition date in the past 3 years (this includes dismissed/withdrawn charges)?  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

11. Have you ever had a security license **refused, revoked or suspended** in any province, state or country?  Yes  No  
 If yes, give details.

12. Are you presently licensed in the security industry in any other province, state or country?  Yes  No  
If yes, please attach a copy of the license to this application.

13. Have you ever held a private security license in Nova Scotia or in any other province, state or country?  Yes  No  
If yes, give details.

14. Summary of experience and training in investigation and/or security. Give details. *(If space is insufficient, attach a separate sheet.)*

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15. Current and previous record of employment for the past 5 years. *(If space is insufficient, complete on a separate sheet and attach.)*  
Please ensure to include your security industry licensing history for the past 5 years.

Employer's Name, Address and Phone Number	Type of Work	Period Employed		Reason for leaving
		From (m/y)	To (m/y)	

**Declaration and Authority for Release of Information**

**By signing this application:**

- I consent to a police records and background check.
- I consent to the disclosure of the results of a police records and background check, and authorize any police service that is requested to perform such a check to disclose any or all information obtained by the police records and background check, to the appropriate authority or any person authorized by them.
- I consent to the sharing of this information in other provinces, states or countries for use consistent with this application.
- I understand that the decision of this application will be communicated to my prospective employer.
- I agree that if a license 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 license is issued.
- I will promptly report to my employer and the Department of Justice, Public Safety and Security Division, Security Programs, any charge or conviction for a provincial and/or federal offence that occurs after the date that I sign this authorization, and

**I certify that**

- I have read and understand all parts of this application form, and
- the information provided by me in this application is true and correct to the best of my knowledge and belief.

**I further acknowledge that**

- Section 4 of the *Private Investigators and Private Guards Act* states that no person shall act as a private investigator or private guard, unless the person is the holder of a license therefor issued under this Act.

**Caution**  
It is an offence to knowingly furnish false information in any application under the Act. In addition, the license may be refused.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
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
- 1 current full-face photograph of the applicant
- copy of government issued photo identification with date of birth *(e.g. driver's license)*
- immigration papers, Canadian citizenship papers or work visa *(if not born in Canada)*
- copy of security license from other jurisdiction *(if applicable)*
- proof of firearms proficiency test *(for armed guard endorsement)*
- written proof of training to carry baton *(for baton endorsement)*
- written authorization from business to carry baton *(for baton endorsement)*
- written proof of training to carry restraining device *(for restraining device endorsement)*
- written authorization from business to carry restraining device *(for restraining device endorsement)*

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

I have reviewed this completed application and I certify that this applicant is considered a suitable person for the license and any endorsements or uniform exemption applied for in this Form.

\_\_\_\_\_  
Signature of authorized business representative

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Position in company or partnership