

(This space reserved for office use only)

Licence No. (Office use only)	RID No. (Office use only)
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Application for:

Security Guard Private Investigator

Last or Family Name of Applicant	First Name(s)	Second Name(s)	Former Name, Maiden Name, Aliases, etc.
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Street No.	Street Name	Unit/Suite/Apt.
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Rural Route	PO Box	Postal Station	City/Town	Province	Postal Code
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Residence Phone No. ()	E-mail Address (Optional)
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Address of Service in Ontario (If different from above) Not Applicable

Street No.	Street Name	Unit/Suite/Apt.
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Rural Route	PO Box	Postal Station	City/Town	Province	Postal Code
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Photograph Verification

Last Name of Guarantor	First Name of Guarantor
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Occupation

Address

Street No.	Street Name	Unit/Suite/Apt.
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Rural Route	PO Box	Postal Station	City/Town	Province	Postal Code
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Business Telephone Number ()	Extension
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Signature of Guarantor	Date (yyyy/mm/dd)
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Verification

The following professionals may verify the Photograph:

- An official from a licensed Security Guard or Private Investigator Agency
- An official of a company registered under the Private Security and Investigative Services Act, 2005
- Chiropractor
- Commissioner of Oath
- Dentist
- Justice of the Peace
- Lawyer
- Magistrate
- Mayor
- Medical Doctor
- Minister of religion authorized under provincial law to perform marriages
- Notary Public
- Optometrist
- Pharmacist
- Police Officer
- Principal or teacher of a primary or secondary school
- Professional Accountant
- Professional Engineer
- Professor or an Administrator in a University
- Veterinarian

Have you ever been convicted or found guilty of an offence under the law of any country, state, province or territory, for which a pardon has not been granted, or are there any proceedings or charges now pending? (An **ABSOLUTE DISCHARGE** or a **CONDITIONAL DISCHARGE** is a finding of guilty). Give full particulars. (If space is insufficient, complete on a separate sheet and attach).

Yes No

Offence	Date (yyyy/mm/dd)	Place	Police Department	Sentence

Employment Record for past 5 years **include present occupation(s)**. (If space insufficient, complete on separate sheet and attach)

Employer's Name and Address	Type of Work	Period Employed		Reason Terminated
		From (month/year)	To (month/year)	

The following information is required for a police records and background check.

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy/mm/dd)	Height	Weight	Eye Colour	Hair Colour
Driver's Licence Number			Province/State of Issue		

List place of residence for past 5 years

(Street No. & Name or Lot, Concession, Township, Apt. No., City, Town, Village, R.R., Postal Code)	Year	
	From	To

Caution

Any person who knowingly furnishes false information in any application under the *Private Security and Investigative Services Act, 2005* is guilty of an offence. **In addition the licence may be refused.**

Declaration and Consent to the Release of Information

I hereby certify that the information set out in this application is true and correct to the best of my knowledge and belief. I hereby consent to a police records and background check. I authorize the police records and background check to be performed by any police service that is requested by the Registrar to perform the check. I further acknowledge that such a check would include, but not be limited to a record of outstanding warrants, charges and unpaid provincial fines. In addition, I hereby 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 Registrar, or any person authorized by him or her. I hereby consent to an investigation of my immigration status in Canada by the immigration authorities and to disclose the results of an investigation to the Registrar.

Signature of Applicant	Date (yyyy/mm/dd)
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The information provided is collected under the authority of Sections 11 of the *Private Security and Investigative Services Act, 2005* for the purpose of issuing a licence under the Act. Any questions relating to the collection of this information may be directed to:

The Registrar, Private Security and Investigative Services Branch
 777 Bay Street, 3rd Floor, Toronto ON M7A 2J6
 Telephone: 416 212-1650.
 Toll free: 1 866 767-7454.

Payment Options

If payment by cheque, attach a bank draft, certified cheque or money order.

<input type="checkbox"/> Cheque or Money Order. Please make payable to: "Minister of Finance"	Payment Method <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Card Number		Expiry Date (Month / Year)	
Name of Cardholder		Signature of Cardholder	
Authorization I authorize the Private Security and Investigative Services Branch to charge \$ _____ to my credit card.			