



Telephone: (506) 453-7472
Fax: (506) 453-3044

Téléphone: (506) 453-7472
Télocopieur: (506) 453-3044

78-3235 (12/17)

APPLICATION FOR AN AGENT LICENCE

Shaded areas are for OFFICE USE ONLY

Part 1 & 3 – To be completed by AGENCY REPRESENTATIVE

Legal Name of Agency: _____	Application for (check all that apply) <input type="checkbox"/> Private Investigator <input type="checkbox"/> Private Investigator Shoplifting Prevention <input type="checkbox"/> Security Guard <input type="checkbox"/> Security Guard Dog Handler <input type="checkbox"/> Security Guard Burglar Alarm <input type="checkbox"/> Security Consultant	PBN _____
Operating Name of Agency: _____		JIS _____
Address of business: _____		CPIC _____

Part 2 – To be completed by APPLICANT

Last or family name of applicant	First name(s)	Second name(s)	Former name, maiden name, aliases, etc.
Street no. and street name or lot			Apt. #.
City, town, village		Postal Code	Residence phone

DOG HANDLER

Summary of experience and training in the use of guard dogs for hire. Give details (If space is insufficient, attach a separate sheet.)

If you were born outside of Canada, in what year were you admitted to Canada?

Are you legally entitled to work in Canada? Yes No (Attach a copy of immigration papers. Canadian citizenship papers or work visa.)

Do you presently hold a position with Peace Officer status in New Brunswick or any other province, state or country?

Yes No

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 licence 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 licence is issued.
- I will promptly report to my employer and the Department of Justice and Public Safety, Gaming, Liquor and Security Licensing Branch, 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 6(1)(b) of the *Private Investigators and Security Services Act* states that no person shall act as an agent unless the person is the holder of a licence therefore issued under this *Act*.

CAUTION

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

Signature of applicant

Date of signature

Print name

Part 3 – To be completed by Agency Representative

The following fee and supporting documents must be submitted with this application:

- Applicable licensing fee
- Digital photograph of the applicant (2 cm x 2 cm)
- Copy of government issued photo identification (e.g. driver's licence)
- Immigration papers, Canadian citizenship papers or work visa (if not born in Canada)
- Copy of security licence from other jurisdiction (if applicable)

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

I have reviewed this completed application and I certify that this applicant is considered a suitable person for the licence applied for in this form.

Signature of agency representative

Date of signature

Print name

Position in company or partnership