

Department of Justice and Public Safety
 Safety Services Division
 Licensing Services
 P. O. Box 6000
 Fredericton, NB E3B 5H1



Ministère de la Justice et de la Sécurité publique
 Division des services de sécurité
 Services de délivrance de
 licences et de permis
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 Fredericton, N.-B. E3B 5H1

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78-3235 (04/16)

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: _____ Operating Name of Agency: _____ Address of business: _____ _____ _____	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 _____ JIS _____ CPIC _____
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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, Licensing Services, 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