

Province of Prince Edward Island
Private Investigators and Security Guards Act
R.S.P.E.I. 1988, Cap. P-20

Application for a Private Investigators Business License

Return completed application to:
Department of Justice & Public Safety
c/o the Firearms Office
P.O. Box 2000, 161 Maypoint Road
Charlottetown, PE C1A 7N8
Telephone: 902-368-5536

Include with application:
1. License fee: \$200 - Make cheque payable
to the Minister of Finance
2. Comprehensive General Liability Policy
with 30-day cancellation clause -
Minimum: \$500,000

For Office Use Only:

| | |
|----------------------|-----------------------|
| Received: | Receipt No.: |
| CRLS Entity Number:: | CRLS License Number:: |

Please Print

1. Applicant Name: _____
Applicant's Street Address: _____ P.O. Box: _____
City/Town: _____ Province: _____ Postal Code: _____
Telephone: _____ Fax: _____ E-mail address: _____
2. Jurisdiction where business was incorporated or otherwise formed: _____
3. The applicant is: (check one) a sole proprietorship ☐ a corporation ☐ a partnership ☐
other: (please specify) _____
4. If this applicant is a corporation, list names and addresses of officers:
President: _____
Address: _____
Vice-President: _____
Address: _____
Secretary-Treasurer: _____
Address: _____
List any additional officers on a separate sheet.
5. If applicant is a partnership, attach a list of names and addresses of all partners.
6. Has applicant ever applied for a business license to provide private investigation services before?
Yes ☐ No ☐ If yes, please provide the following details:
Company Name: _____ Location: _____

7. Has the applicant ever been refused a license, or has it ever been suspended or cancelled in any province or jurisdiction? Yes ☐ No ☐ If yes, please provide details:

8. Provide a brief description of the types of services to be offered in Prince Edward Island.

9. Has the applicant or any of the officers or directors of the company been convicted of an offence under the law of any province, state or country? Yes ☐ No ☐ If yes, please provide details.

Convictions for which a pardon has been granted need not be disclosed.

10. Are there any unpaid judgements against the applicant, its partners or directors? Yes ☐ No ☐ If yes, please provide details.

Signing on behalf of the applicant: _____ Position: _____

Name: (Please Print) _____ Date: _____

AFFIDAVIT

I, _____ of _____
(Authorized Official) (Address)

MAKE OATH AND SAY AS FOLLOWS:

THAT I AM _____ of _____
(Position) (Applicant)

AND THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE.

SWORN TO before me at _____

in the Province of _____

this _____ day of _____, 20 ____.

Signature

A COMMISSIONER FOR TAKING AFFIDAVITS
IN THE SUPREME COURT

Personal information collected on this form is authorized under the *Private Investigators and Security Guards Act – R.S.P.E.I. 1988, Cap. P-20* as it relates directly to and is necessary for processing your application for a private investigator business license. If you have any questions about this collection of personal information, you may contact the PEI Firearms Office at 902-368-5536.