

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

Application for a Security Guard License

Return completed application to:
Department of Justice & Public Safety
c/o The Firearms Office
PO Box 2000, 161 Maypoint Road
Charlottetown, PE C1A7N8
Telephone: 902-368-5536

License Application Fee: \$30.00
Make cheque payable to the
Minister of Finance

For Office Use Only:

Received:	Receipt No.:
Approval Date:	Approved by:
CRLS License Number:	CPIC Result:

Please Print

1. Full Name of Applicant: _____ Gender: Male ☐ Female ☐

Other name previously used by applicant: _____

Street Address: _____ P.O. Box _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone: _____

Date of birth: (d/m/y) _____ Place of Birth: _____

Physical Description: _____
Height (cm) _____ Weight (kg) _____ Eye Colour _____ Hair Colour _____ Complexion _____

2. Do you hold a permit to carry a restricted firearm? Yes ☐ No ☐ If yes, please provide details:

Make/Model of gun: _____ Serial #: _____ ATC #: _____

3. Have you ever applied for a Security Guard's license before? Yes ☐ No ☐ If yes, please provide details: Where? _____

Firm Name: _____

Date: _____

4. Have you ever been convicted of any offence(s) under the law of any province, state or country?

Yes ☐ No ☐ If yes, please provide details. (Place/Date/Offence(s)/Sentence)

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

5. Do you have a PEI Drivers License? Yes ☐ No ☐ If yes, complete below.

I, _____, the applicant, hereby grant the Office of the Attorney General permission to access my driver's license records to use my photo for this license.

Signature _____ Date: _____

Drivers Licence # _____

6. I, _____, the applicant, hereby grant the Office of the Attorney General permission to make inquiries through the Canadian Police Information Centre (CPIC) and, if necessary, other police agencies in support of this application. I also certify that the information given in this application is correct.

Signature: _____ Date: _____

EMPLOYER INFORMATION: I, _____, the undersigned employer, hereby certify that the above named applicant is employed by the below noted firm.

Company Name: _____

Address: _____

Postal Code: _____ Telephone Number: _____

Fax Number: _____

Date: _____ Signature: _____

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 security guard license. If you have any questions about this collection of personal information, you may contact the PEI Firearms Office at 902-368-5536.