

**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 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
3. Third Party Fidelity Bond: \$10,000

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: \_\_\_\_\_
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 security guard 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