

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:

The Firearms Office
Justice & Public Safety
P.O. Box 2000, 161 Maypoint Road
Charlottetown, PE CIA 7N8
Telephone: 902-368-4585

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.

(over)

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 and 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: _____

A F F I D A V I T

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