Newfoundland Labrador GOVERNMENT OF NEWFOUNDLAND AND LABRADOR Service NL	**RENEWAL/TRANSFER APPLICATION AGENT LICENCE PRIVATE INVESTIGATION AND SECURITY SERVICES ACT**	FOR OFFICE USE ONLY Receipt No. Agent No. Application No. Licence No.

LICENCE TYPE: □ **ARMOURED VEHICLE GUARD** □ **PRIVATE INVESTIGATOR**
□ **BURGLAR ALARM** □ **SECURITY CONSULTANT**

APPLICANT INFORMATION (PLEASE PRINT)

Last Name	First Name	Middle Name(s)	Previous legal name, aliases, etc.

Residence Mailing Address	City/Town	Province	Postal Code

Residence Telephone No.	Business Telephone No.	Fax No.	E-Mail Address

Armoured Vehicle Guards Only Valid Firearms Licence ☐ Yes ☐ No	Province of Issue	PAL Licence No. and Expiry Date	ATC and Expiry Date

PHYSICAL DESCRIPTION

☐ Male ☐ Female	Date of Birth Y M D	Place of Birth	Height	Weight	Eye Colour	Hair Colour	Distinguishing Marks

EMPLOYER

Employing Agency (Please give full name of the agency.)

CRIMINAL RECORD SCREENING

Have you been charged, convicted or found guilty with any criminal offence under any statute of the Parliament of Canada, or under any law of any country, state or province that has not already been disclosed to the Administrator? (Include absolute discharge and conditional discharge.) (If Yes, please attach particulars.)	□ Yes □ No

DECLARATION AND AUTHORITY FOR RELEASE OF INFORMATION (TO BE COMPLETED BY THE APPLICANT)	**APPROVAL OF EMPLOYING AGENCY**
I hereby certify that the information set out in this application is true and correct to the best of my knowledge and belief. I hereby consent to a police records and background check. I hereby consent to the disclosure of the result 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 him or her. I hereby consent that the information provided may be shared with government administrators in other provinces, states or countries for use consistent with this legislation. _____ SIGNATURE _____ NAME (PLEASE PRINT) _____ DATE	We have reviewed this completed application and have approved the applicant for hiring. _____ NAME OF AGENCY _____ SIGNATURE OF AUTHORIZED SIGNING OFFICER _____ NAME OF AUTHORIZED SIGNING OFFICER (PLEASE PRINT) _____ DATE

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