

**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:  
**Consumer Services - Firearms Office**  
**Office of the Attorney General**  
**P.O. Box 2000 - 161 Maypoint Road**  
**Charlottetown, PE CIA 7N8**  
**Telephone: 902-368-5536**

**License Application Fee: \$30.00**  
**Make cheque payable to the**  
**Provincial Treasurer - P.E.I.**

For Office Use Only: (OAG)

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

Highway Safety Use Only:

Driver's Licence #	Full Name:
Date of Birth: Y ____ M ____ D ____	Street Address:
Expiry Date:	City/Province/PC
Type of Licence: SG ____ PI ____	Company Name:

1. Full Name of Applicant (Please Print or Type): \_\_\_\_\_

Maiden or 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 Color      Hair Color      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: \_\_\_\_\_

When? \_\_\_\_\_

4. Have you ever been convicted of an 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 pardon has been granted need not be disclosed.** \_\_\_\_\_

5. Do you have a PEI Driver's Licence? Yes \_\_\_ No \_\_\_ If yes, complete the rest of the application.

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: \_\_\_\_\_

Driver's 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 my firm.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_