

## Form 1

|   |  |  |
|---|--|--|
| <b>Application for Business License - Private Investigators and/or Private Guards</b>   |  | Business no.   |
|   |  | Receipt no.  |
|   |  | License no.  |
| <b>Instructions: HAND PRINT in Black or Blue Ink or TYPE ONLY. SHADED AREAS FOR OFFICE USE ONLY.</b>  |  |  |
| <b>PART 1 To be completed by applicant</b>  |  |  |
| Legal name of business (name must be approved before license issued)  |  | Business operating name  |
| Physical address of business in Nova Scotia (number and street or lot, city/town/village, R.R., postal code)  | Mailing Address (if different from physical address) | If the business is operating branch offices in other parts of the Province, provide an address for each location and the name of the branch manager.               |
| Business phone no.  | Business fax no.                                     | E-mail address   |
| Application to supply: <input type="checkbox"/> Private Investigators <input type="checkbox"/> Guard Dogs For Hire<br>(check all that apply) <input type="checkbox"/> Private Guards <input type="checkbox"/> Armoured Vehicle Service (armed guards)<br><input type="checkbox"/> Private Investigators <u>and</u> Private Guards   |  |  |
| <b>Endorsements</b>   |  |  |
| <b style="color: red;">Armoured Vehicle Service endorsement:</b><br>1. (a) Have you applied for your Firearms Business License?<br><input type="checkbox"/> yes <input type="checkbox"/> no<br>(b) Attach coloured photographs or written description of an example of each type of armoured vehicle and the armed private guard uniform to be used.  |  | <b style="color: red;">Guard Dog for Hire endorsement:</b><br>2. Attach a completed Form 5 - Application for License - Guard Dog for Hire for each dog to be used. |
| Firearms Business License no. and expiry date   |  |  |
| 3. Is this an office building or similar business premises? <input type="checkbox"/> yes <input type="checkbox"/> no<br>4. Is this a private residence? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If yes, (a) is office set apart from dwelling? <input type="checkbox"/> yes <input type="checkbox"/> no<br>(b) is office readily accessible to the general public by means of a separate entrance? <input type="checkbox"/> yes <input type="checkbox"/> no    (if no, give details)<br>5. List proposed business activities:<br>6. Has the business ever been registered or licensed to engage in the business of providing security or investigative services under any name other than the name in which this application is submitted? If yes, give details. <input type="checkbox"/> yes <input type="checkbox"/> no<br>7. Have you ever had a security industry license refused, revoked or suspended in any province, state or country? If yes, give details. <input type="checkbox"/> yes <input type="checkbox"/> no<br>8. Are you currently, or have you previously been licensed in the security industry in any province, state or country? If yes, give details. <input type="checkbox"/> yes <input type="checkbox"/> no<br>9. Has the business even been charged, indicted or convicted of any offence under any law of any province, state or country? If yes, give details. <input type="checkbox"/> yes <input type="checkbox"/> no<br>10. Type of ownership (check one):<br><input type="checkbox"/> <b>sole proprietorship</b> (complete Part 2 and Affidavit)<br><input type="checkbox"/> <b>partnership</b> (each partner must separately complete Part 2 and Affidavit)<br><input type="checkbox"/> <b>corporation</b> (each director and officer must separately complete Part 2 and Affidavit)<br>11. Name(s) of partners, corporate officers (include applicable titles):<br>Name: _____ Title: _____ |  |  |

|             |              |
|-------------|--------------|
| Name: _____ | Title: _____ |
| Name: _____ | Title: _____ |

**PART 2**

To be completed by an applicant who is a sole proprietor (individual), a partnership (each partner to complete a separate Part 2 and affidavit), or a corporation (each director and officer to complete a separate Part 2 and affidavit).

|                                      |               |                |   |
|--------------------------------------|---------------|----------------|---|
| 12. Last or family name of applicant | First name(s) | Second name(s) | Former name, maiden name, aliases, etc. |
|                                      |               |                |   |

|                                       |          |
|---------------------------------------|----------|
| 13. Street no. and street name or lot | Apt. no. |
|---------------------------------------|----------|

|                               |             |                     |                    |
|-------------------------------|-------------|---------------------|--------------------|
| 14. City, town, village, R.R. | Postal code | Residence phone no. | Business phone no. |
|-------------------------------|-------------|---------------------|--------------------|

|                           |                |                  |
|---------------------------|----------------|------------------|
| 15. Occupation/Profession | E-mail address | Business fax no. |
|---------------------------|----------------|------------------|

16. Do you presently hold a position with Peace Officer status in Nova Scotia or any other province, state or country?  
 yes    no   If yes, give details. Note: restrictions for employment may apply.

**The following information is required for a police records and background check**

|  |                              |                |                      |        |        |            |             |
|--|------------------------------|----------------|----------------------|--------|--------|------------|-------------|
| 17. <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Date of birth (y/m/d)<br>/ / | Place of birth | Distinguishing marks | Height | Weight | Eye colour | Hair colour |
|--|------------------------------|----------------|----------------------|--------|--------|------------|-------------|

|                                  |                         |  |
|----------------------------------|-------------------------|--|
| 18. Driver's license no.<br><br> | Province/State of issue | Or government issued photo identification and type |
|----------------------------------|-------------------------|--|

|   |            |          |
|---|------------|----------|
| 19. List place of residence for past 5 years. <b>Exclude present address. (If space is insufficient, complete on separate sheet and attach.)</b> (Street no. and name or lot, apt. no., city, town, village, R.R., postal code) | From (m/y) | To (m/y) |
|   |            |          |
|   |            |          |
|   |            |          |
|   |            |          |

| 20. Current and previous record of employment for the past 5 years. | Employer's Name/Address/Phone number | Type of Work | Period Employed |          | Reason for Leaving |
|---|--------------------------------------|--------------|-----------------|----------|--------------------|
|   |                                      |              | From (m/y)      | To (m/y) |                    |
|   |                                      |              |                 |          |                    |
|   |                                      |              |                 |          |                    |
|   |                                      |              |                 |          |                    |

21. Summary of experience and training in investigation and/or security. Give details. (If space is insufficient, complete on separate sheet and attach.)

22. (a) Have you been convicted of an offence under any federal, provincial or territorial statute for which you have not received a pardon?  
 yes  no (Examples: *Criminal Code, Controlled Drugs and Substances Act, Liquor Control Act, Youth Criminal Justice Act*)
- (b) Are you currently under a probation or parole order or conditional sentence?  yes  no
- (c) Have you pled guilty or been found guilty of any offence for which you have been absolutely discharged or conditionally discharged?  yes  no
- (d) Have you been charged with any offence which is still pending?  yes  no
- (e) Do you have any outstanding fines?  yes  no
- (f) Have you been charged with any Criminal Code offence in the past 3 years?  yes  no

**An answer of "yes" may require further information but does not necessarily affect the granting of a license.**

**If you answered "yes" to any of the above, GIVE ALL details.** (If space insufficient, complete on separate sheet and attach.)

| Offence | Date | Place | Police Department | Outcome of Proceedings |
|---------|------|-------|-------------------|------------------------|
|         |      |       |                   |                        |
|         |      |       |                   |                        |

### Declaration and Authority for Release of Information

#### By signing this application:

- I consent to a police records and background check.
- I consent to the disclosure of the results 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 them.
- I consent to the sharing of this information in other provinces, states or countries for uses consistent with this application.
- I agree that if a license is granted pursuant to this application, this authorization and consent by me remains in force for the duration of the period for which the license is issued.
- I will promptly report to the Department of Justice, Policing and Victim Services Division-Security Programs any charge or conviction for a provincial and/or federal offence that occurs after the date I sign this authorization.

#### I certify that

- I have read and understand all parts of this application form, and
- the information provided by me in this application is true and correct to the best of my knowledge and belief.

#### I further acknowledge that

- Section 4 of the *Private Investigators and Private Guards Act* states that no person shall act as a private investigator or private guard, unless the person is a holder of a license therefor issued under the Act.

#### Caution

It is an offence to knowingly furnish false information in any application under the Act. In addition, the license may be refused.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Position in company or partnership

#### The following fee and supporting documents must be submitted with this application:

- applicable licensing fee
- documentation confirming applicant can obtain necessary liability insurance (once application approved, certificate of liability insurance must be submitted before license issued)
- certificate of registration under the *Partnerships and Business Names Registration Act* or certificate of incorporation under the *Companies Act*
- coloured photographs or written description of an example of each type of vehicle (include side and rear of vehicle) to be used for security patrol by the private guard business for approval (for providing private guard services)
- coloured photographs or written description of the uniform (include front, side and back of uniform) to be used by the private guard business for approval (for providing private guard services)
- coloured photographs or written description of an example of each type of armoured vehicle (include side and rear of vehicle) to be used by the armoured vehicle service for approval (for armoured vehicle services endorsement)
- coloured photographs or written description of the uniform (include front, side and back of uniform) to be used by the armoured vehicle service for approval (for armoured vehicle services endorsement)
- completed Form 5 - Application for License - Guard Dog for Hire for each dog to be used (for guard dog for hire endorsement)

Any questions relating to this application may be directed to:

Department of Justice  
Policing & Victim Services Division-Security Programs  
P.O. Box 7  
Halifax, Nova Scotia B3J 2L6  
Telephone: (902) 424-6166  
Fax: (902) 424-4308

**AFFIDAVIT**

Province of Nova Scotia

I, \_\_\_\_\_ of  
\_\_\_\_\_,  
name place

in the County of \_\_\_\_\_, Province of \_\_\_\_\_,  
county province

**MAKE OATH AND SAY:**

- I am \_\_\_\_\_ of the applicant  
**state position:** sole proprietor, partner or director or officer of corporation  
for a license to engage in the business of providing private investigators and/or private guards.
- To the best of my knowledge and belief, the information given in the application is true.

**Sworn or affirmed before me at** , )  
in the County of , )  
Province of , )  
on , 20 . )  
)  
)  
)

\_\_\_\_\_  
A Barrister of the Supreme Court of Nova Scotia,  
Commissioner of Oaths in and for the Province  
of Nova Scotia, Notary Public in and for the Province  
of Nova Scotia

\_\_\_\_\_  
Signature of applicant



**I further acknowledge that**

- Section 4 of the *Private Investigators and Private Guards Act* states that no person shall act as a private investigator or private guard, unless the person is the holder of a license therefor issued under the Act.

**Caution**

It is an offence to knowingly furnish false information in any application under the Act. In addition, the license may be refused.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Position in company or partnership

**The following fee and supporting documents must be submitted with this application:**

- applicable licensing fee
- certificate of liability insurance
- certificate of registration under the *Partnerships and Business Names Registration Act* or certificate of incorporation under the *Companies Act*
- coloured photographs or written description of the changes to the vehicle(s) for approval (include side and rear of vehicle)
- coloured photographs or written description of the changes to the uniform for approval (include front, side and back of uniform)
- completed Form 5 - Application for License - Guard Dog for Hire (for guard dog for hire endorsement)
- copy of Firearms Business License (for armoured vehicle services endorsement)

Any questions relating to this application may be directed to:

Department of Justice  
Policing & Victim Services Division-Security Programs  
P.O. Box 7  
Halifax, Nova Scotia B3J 2L6  
Telephone: (902) 424-6166  
Fax: (902) 424-4308

**AFFIDAVIT**

Province of Nova Scotia

I, \_\_\_\_\_ of  
\_\_\_\_\_  
name place

in the County of \_\_\_\_\_, Province of \_\_\_\_\_,  
county province

**MAKE OATH AND SAY:**

1. I am \_\_\_\_\_ of the applicant  
**state position:** sole proprietor, partner or director or office of corporation  
for a license to engage in the business of providing private investigators and/or private guards.
2. To the best of my knowledge and belief, the information given in the application is true.

**Sworn or affirmed before me at** \_\_\_\_\_ )  
in the County of \_\_\_\_\_ )  
Province of \_\_\_\_\_ )  
on \_\_\_\_\_, 20\_\_\_\_ )  
) )  
) )

\_\_\_\_\_  
A Barrister of the Supreme Court of Nova Scotia,  
Commissioner of Oaths in and for the Province  
of Nova Scotia, Notary Public in and for the Province  
of Nova Scotia

\_\_\_\_\_  
Signature of applicant

### Form 3

## Application for Individual License - Private Investigator and/or Private Guard

**Instructions:**      **Applicants MUST COMPLETE BOTH SIDES OF FORM. HAND PRINT in black or blue ink or TYPE ONLY. SHADED AREAS FOR OFFICE USE ONLY.**

### Part 1: To be completed by BUSINESS REPRESENTATIVE

|                            |  |              |
|----------------------------|--|--------------|
| Name of business (in full) | <b>Application for (check all that apply):</b><br><input type="checkbox"/> Private Investigator<br><input type="checkbox"/> Private Guard<br><input type="checkbox"/> Private Investigator and Private Guard<br><input type="checkbox"/> Private Guard - armed guard endorsement<br><input type="checkbox"/> Private Guard - guard dog handler endorsement<br><input type="checkbox"/> Private Guard - uniform exemption (private guard performing retail security)<br><input type="checkbox"/> Baton endorsement<br><input type="checkbox"/> Restraining device endorsement | Business no. |
| Address of business        |  | Person no.   |
|                            |  | Receipt no.  |
|                            |  | License no.  |

### Part 2: To be completed by APPLICANT

|                                   |               |                     |   |
|-----------------------------------|---------------|---------------------|---|
| Last or family name of applicant  | First name(s) | Second name(s)      | Former name, maiden name, aliases, etc. |
| Street no. and street name or lot |               | Apt. no.            |   |
| City, town, village, R.R.         | Postal code   | Residence phone no. |   |

#### Endorsements

|  |             |                   |                   |   |
|--|-------------|-------------------|-------------------|---|
| <p style="color: red;"><b>Armed Guard Endorsement</b></p> <p>1. (a) Have you applied for your Authorization to Carry?<br/> <input type="checkbox"/> yes    <input type="checkbox"/> no</p> <div style="border: 1px solid black; background-color: #cccccc; padding: 2px; margin: 5px 0;">                 Authorization to Carry no. and expiry date             </div> <p>(b) Firearms Possession and Acquisition License:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30%;">License no.</td> <td style="border: 1px solid black; width: 20%;">Expiry</td> <td style="border: 1px solid black; width: 50%;">Province of issue</td> </tr> </table> <p>(c) Attach proof of completed Firearms proficiency test.</p> | License no. | Expiry            | Province of issue | <p style="color: red;"><b>Guard Dog for Hire Endorsement</b></p> <p>2. Summary of experience and training in the use of guard dogs for hire. Give details. (If space is insufficient, attach separate sheet.)</p> <p style="color: red;"><b>Baton or restraining device endorsement</b></p> <p>3. Attach written proof of training that you have received in the use of a baton or restraining device.</p> <p>4. Attach written authorization from the business to carry a baton or restraining device.</p> |
| License no.  | Expiry      | Province of issue |                   |   |
| <p>5. (a) If you were born outside of Canada, in what year were you admitted to Canada? _____</p> <p>(b) Are you legally entitled to work in Canada?    <input type="checkbox"/> yes    <input type="checkbox"/> no<br/>                 (Attach a copy of immigration papers, Canadian citizenship papers or work visa.)</p>  |             |                   |                   |   |
| <p>6. <b>Do you presently hold a position with Peace Officer status in Nova Scotia or any other province, state or country?</b><br/> <input type="checkbox"/> yes    <input type="checkbox"/> no      <b>If yes, give details. Note: restrictions for employment may apply.</b></p>  |             |                   |                   |   |

#### THE INFORMATION IN ITEMS 7 TO 11 IS REQUIRED FOR A POLICE RECORDS AND BACKGROUND CHECK

|   |  |                              |                |                         |  |        |               |             |
|---|--|------------------------------|----------------|-------------------------|--|--------|---------------|-------------|
| 7.  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Date of birth (y/m/d)<br>/ / | Place of birth | Distinguishing marks    | Height   | Weight | Eye colour    | Hair colour |
| 8. Driver's license no.   |  |                              |                | Province/State of issue | Or government issued photo identification and type |        |               |             |
|   |  |                              |                |                         |  |        |               |             |
| 9. List place of residence for the past 5 years. <b>Exclude present address. (If space is insufficient, complete on separate sheet and attach.)</b> (Street no., name or lot, apt. no., city, village, R.R., postal code) |  |                              |                |                         |  |        | From<br>(m/y) | To<br>(m/y) |
|   |  |                              |                |                         |  |        |               |             |
|   |  |                              |                |                         |  |        |               |             |

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

10. (a) Have you been convicted of an offence under any federal, provincial or territorial statute for which you have not received a pardon?  
 yes  no (Examples: *Criminal Code, Controlled Drugs and Substances Act, Liquor Control Act, Youth Criminal Justice Act*)
- (b) Are you currently under a probation or parole order or conditional sentence?  yes  no
- (c) Have you pled guilty or been found guilty of any offence for which you have been absolutely discharged or conditionally discharged?  yes  no
- (d) Have you been charged with any offence which is still pending?  yes  no
- (e) Do you have any outstanding fines?  yes  no
- (f) Have you been charged with any *Criminal Code* offence in the past 3 years?  yes  no

**An answer of "yes" may require further information but does not necessarily affect the granting of a license. If you answered "yes" to any of the above, GIVE ALL details. (If space insufficient, complete on separate sheet and attach.)**

| Offence | Date | Place | Police Department | Outcome of Proceedings |
|---------|------|-------|-------------------|------------------------|
|         |      |       |                   |                        |
|         |      |       |                   |                        |

11. Have you ever had a security license **refused, revoked** or **suspended** in any other province, state or country?  
 yes  no If yes, give details.

12. Are you presently licensed in the security industry in any other province, state or country?  yes  no  
 If yes, please attach a copy of the license to this application.

13. Have you ever held a private security license in Nova Scotia or in any other province, state or country?  yes  no  
 If yes, provide details.

14. Summary of experience and training in investigation and/or security. Give details. (If space is insufficient, attach separate sheet.)

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15. Current and previous record of employment for the past 5 years. (If space is insufficient, complete on separate sheet and attach.)

| Employer's Name, Address and Phone Number | Type of Work | Period Employed |          | Reason for leaving |
|---|--------------|-----------------|----------|--------------------|
|   |              | From (m/y)      | To (m/y) |                    |
|   |              |                 |          |                    |
|   |              |                 |          |                    |
|   |              |                 |          |                    |

**Declaration and Authority for Release of Information**

**By signing this application:**

- I consent to a police records and background check.
- I consent to the disclosure of the results 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 them.
- I consent to the sharing of this information in other provinces, states or countries for use consistent with this application.
- I understand that the decision of this application will be communicated to my prospective employer.
- I agree that if a license is granted pursuant to this application, this authorization and consent by me shall remain in force for the duration of the period for which the license is issued.
- I will promptly report to my employer and the Department of Justice, Policing and Victim Services Division - Security Programs, any charge or conviction for a provincial and/or federal offence that occurs after the date that I sign this authorization, and

**I certify that**

- I have read and understand all parts of this application form, and
- the information provided by me in this application is true and correct to the best of my knowledge and belief.

**I further acknowledge that**

- Section 4 of the *Private Investigators and Private Guards Act* states that no person shall act as a private investigator or private guard, unless the person is the holder of a license therefor issued under this Act.

**Caution**

It is an offence to knowingly furnish false information in any application under the Act. In addition, the license may be refused.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Print name

**Part 3: To be completed by BUSINESS REPRESENTATIVE**

**The following fee and supporting documents must be submitted with this application:**

- applicable licensing fee
- 1 current full-face photograph of the applicant
- copy of government issued photo identification (e.g. driver's license)
- immigration papers, Canadian citizenship papers or work visa (if not born in Canada)
- copy of security license from other jurisdiction (if applicable)
- proof of firearms proficiency test (for armed guard endorsement)
- written proof of training to carry baton (for baton endorsement)
- written authorization from business to carry baton (for baton endorsement)
- written proof of training to carry restraining device (for restraining device endorsement)
- written authorization from business to carry restraining device (for restraining device endorsement)

**EMPLOYER'S STATEMENT (to be completed and signed by the business representative)**

I have reviewed this completed application and I certify that this applicant is considered a suitable person for the license and any endorsements or uniform exemption applied for in this Form.

\_\_\_\_\_  
Signature of business representative

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Position in company or partnership

Any questions relating to this application may be directed to:

Department of Justice  
Policing & Victim Services Division-Security Programs  
P.O. Box 7  
Halifax, Nova Scotia B3J 2L6  
Telephone: (902) 424-6166  
Fax: (902) 424-4308



**Declaration and Authority for Release of Information**

**By signing this application:**

- I consent to a police records and background check.
- I consent to the disclosure of the results 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 them.
- I consent to the sharing of this information in other provinces, states or countries for use consistent with this application.
- I understand that the decision of this application will be communicated to my prospective employer.
- I agree that if a license is granted pursuant to this application, this authorization and consent by me shall remain in force for the duration of the period for which the license is issued.
- I will promptly report to my employer and the Department of Justice, Policing and Victim Services Division - Security Programs, any charge or conviction for a provincial and/or federal offence that occurs after the date that I sign this authorization, and

**I certify that**

- I have read and understand all parts of this application form, and
- the information provided by me in this application is true and correct to the best of my knowledge and belief.

**I further acknowledge that**

- Section 4 of the *Private Investigators and Private Guards Act* states that no person shall act as a private investigator or private guard, unless the person is the holder of a license therefor issued under this Act.

**Caution**

It is an offence to knowingly furnish false information in any application under the Act. In addition, the license may be refused.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Print name

**Part 3: To be completed by BUSINESS REPRESENTATIVE**

**The following fee and supporting documents must be submitted with this application:**

- applicable licensing fee
- 1 current full-face photograph of the applicant
- copy of government issued photo identification (e.g. driver's license)
- work visa, immigration papers or Canadian citizenship papers (if applicable)
- proof of firearms proficiency test (for armed guard endorsement)

**EMPLOYER'S STATEMENT (to be completed and signed by the business representative)**

I have reviewed this completed application and I certify that this applicant is considered a suitable person for the license and any endorsements or uniform exemption applied for in this Form.

\_\_\_\_\_  
Signature of business representative

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Position in company or partnership

Any questions relating to this application may be directed to:

Department of Justice  
Policing & Victim Services Division-Security Programs  
P.O. Box 7  
Halifax, Nova Scotia B3J 2L6  
Telephone: (902) 424-6166  
Fax: (902) 424-4308

## Form 5

|   |              |
|---|--------------|
| <b>Application for License - Guard Dog for Hire</b><br><br><b>Application type:</b> <input type="checkbox"/> <b>NEW</b> <input type="checkbox"/> <b>RENEWAL</b> | Business no. |
|   | Person no.   |
|   | Receipt no.  |
|   | License no.  |

**Instructions:**     **Please fill out an application for each guard dog that your business will be using. HAND PRINT in black or blue ink or TYPE ONLY. SHADED AREAS FOR OFFICE USE ONLY.**

### Part 1: To be completed by BUSINESS REPRESENTATIVE

|  |  |  |  |
|--|--|--|--|
| Legal name of business   |  | Business operating name  |  |
| Physical address of business in Nova Scotia (number and street or lot, city/town/village, R.R., postal code)   | Mailing Address (if different from physical address) | If the business is operating branch offices in other parts of the Province, provide an address for each location and the name of the branch manager. |  |
| Business phone no.   | Business fax no.                                     | E-mail address   |  |
| 1. Registered name of dog: _____<br>2. Canadian Kennel Club registration number: _____<br>3. Municipal registration tag number of dog: _____<br>(Note: the municipal registration tag number should be obtained in the municipality where the dog is normally kennelled.)<br>4. Call name of dog: _____<br>5. Dog's date of birth: _____<br>(y/m/d)<br>6. Breed and sex of dog: _____<br>7. Colour and particular identifying marks: _____ |  |  |  |

### Part 2: To be completed by VETERINARIAN

- I declare that I have examined the above described dog today and in my opinion have found the dog to be free from any infectious or contagious disease.
- I declare that this dog has been vaccinated against rabies and has received other vaccines that are normally administered to dogs.

\_\_\_\_\_  
Name of veterinarian (print)

\_\_\_\_\_  
Signature of veterinarian

\_\_\_\_\_  
Date of signature

### Part 3: To be completed by BUSINESS REPRESENTATIVE

**The following fee and supporting documents must be submitted with this application:**

- applicable licensing fee
- 2 current colour photographs of the dog, one of which is a full front head shot and the other one is a full side view of the dog

**EMPLOYER'S STATEMENT**

I certify that the information in this completed application is true and correct to the best of my knowledge and belief and I acknowledge responsibility for any guard dog issued an identification card pursuant to this application.

\_\_\_\_\_  
Signature of business representative

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Position in company or partnership

## Form 6

| <b>Application for REPLACEMENT Individual License - Private Investigator and/or Private Guard</b>   |  |   |  |
|---|--|---|--|
| <b>Instructions : HAND PRINT in black or blue ink or TYPE ONLY. SHADED AREAS FOR OFFICE USE ONLY.</b>   |  |   |  |
| <b>Part 1: To be completed by BUSINESS REPRESENTATIVE</b>   |  |   |  |
| Name of business (in full)  | <b>Application for (check all that apply):</b><br><input type="checkbox"/> Private Investigator<br><input type="checkbox"/> Private Guard<br><input type="checkbox"/> Private Investigator and Private Guard<br><input type="checkbox"/> Private Guard - armed guard endorsement<br><input type="checkbox"/> Private Guard - guard dog handler endorsement<br><input type="checkbox"/> Private Guard - uniform exemption (private guard performing retail security)<br><input type="checkbox"/> Baton endorsement<br><input type="checkbox"/> Restraining device endorsement | Business no.                                |  |
| Address of business   |  | Person no.                                  |  |
|   |  | Receipt no.                                 |  |
|   |  | License no.                                 |  |
| <b>Part 2: To be completed by APPLICANT</b>   |  |   |  |
| Last or family name of applicant  | First name(s)  | Second name(s)                              | Former name, maiden name, aliases etc. |
| Street no. and street name or lot   |  | Apt. no.                                    |  |
| City, town, village, R.R.   |  | Postal code                                 | Residence phone no.                    |
| License number  |  | Date of Birth (y/m/d)                       |  |
| <b>Reason for application for replacement license:</b>  |  |   |  |
| <input type="checkbox"/> License was lost<br><input type="checkbox"/> License was stolen<br><input type="checkbox"/> Other (please provide details):          |  |   |  |
| _____<br>Signature of employee  | _____<br>Print name  | _____<br>Date of signature                  |  |
| <b>Part 3: To be completed by BUSINESS REPRESENTATIVE</b>   |  |   |  |
| <b>The following must be submitted with this application:</b>   |  |   |  |
| <input type="checkbox"/> 1 current full-face photograph of the applicant  |  |   |  |
| <b>EMPLOYER'S STATEMENT (to be completed and signed by the business representative)</b>   |  |   |  |
| I have reviewed this completed application and I certify that the information in this application is true and correct to the best of my knowledge and belief. |  |   |  |
| _____<br>Signature of business representative   |  | _____<br>Date of signature                  |  |
| _____<br>Print name   |  | _____<br>Position in company or partnership |  |

Any questions relating to this application may be directed to:

Department of Justice  
 Policing and Victim Services Division - Security Programs Office  
 P.O. Box 7  
 Halifax, Nova Scotia B3J 2L6  
 Phone: (902) 424-6166  
 Fax: (902) 424-4308