

Request for FINGERPRINTING under the Security Services Act

Applicant Full Legal Name: (Surname): _____ (Given) _____ (Middle) _____

Address: _____

Date of Birth: (year/month/date): _____ **Gender:** male female

Type of Photo Identification attached to this form: Driver's Licence Other Photo ID: _____

TO BE READ BY THE APPLICANT REQUESTING FINGERPRINTING:

The information on this form and any other personal information collected regarding this application is collected under the Security Services Act and the regulations under this act. The information provided and collected will be used to process this application under the Security Services Act. The release and use of this information is in compliance with the Security Services Act, the Freedom of Information and Protection of Privacy Act (RSBC 1996, c.165) and the federal Privacy Act. If you have any questions regarding the collection and use of this information, contact the Freedom of Information Coordinator, Security Programs and Police Technology Division.

BY SIGNING THIS REQUEST FOR FINGERPRINTING, I HEREBY AUTHORIZE AND CONSENT THAT

The Registrar, Security Services Act, and/or

The Royal Canadian Mounted Police or any other law enforcement agency designated by the Registrar, and

Any other individual or agency requested to do so by the Registrar:

- To conduct a Criminal Record Check and to determine whether I have a record by gathering information from the Canadian Police Information Centre and other police record systems, the provincial court record system and the provincial correctional record system on any charges brought against me and the disposition of any charges brought against me including, but not limited to, convictions, conditional or absolute discharges, probation orders, peace bonds, restraining orders, wants, warrant, prohibitions, refusal of a firearm;
- To provide a copy of any record, including investigation report or record of proceedings found; and
- To use any collected records, reports or personal information for purpose of a licence application including any adjudication or reconsideration in connection with a licence application.

I HEREBY AGREE THAT if a security licence is granted by the Registrar: a) to me, a security worker, or b) to the security business of which I have control of or have the ability to control the operation of:

- This authorization and consent by me shall remain in force for the duration of the period for which: a) such licence is issued to me, or b) I am a controlling member or have the ability to control the operation of the security business holding a valid security business licence.
- I will promptly report to the Registrar any charge or conviction for a provincial and/or federal offence which occurs subsequent to the date of this authorization by me; and

I HEREBY CERTIFY THAT:

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

Applicant SIGNATURE: _____ **DATE of Signature:** _____
(year/month/date)

Accepted Fingerprinting Agencies:

- Pacific Fingerprinting Services: www.pacificfingerprintservice.ca
- Commissionaires: www.commissionaires.bc.ca
- International Fingerprinting Services: www.police check.com
- Your local police departments or RCMP detachment

DISCLOSURE

All information regarding this application is collected under the Security Services Act and its regulations and will be used for that purpose. The use of this information will comply with the Freedom of Information and Privacy Act and the Federal Privacy Act. If you have any questions regarding the collection or use of this information, please contact 250 356-1501.

After completing and signing this page, take both pages to an accepted fingerprinting agency authorized to perform the fingerprinting. They will complete page 2 of this form after taking your prints.

Ministry of Public Safety and Solicitor General

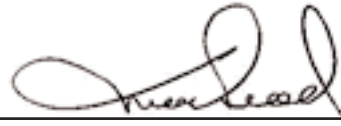
Policing and Community Safety Branch, Security Programs and Police Technology Division
PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1

Phone: (250) 387-6981 (if outside Victoria, call through Enquiry BC: Vancouver 604 660-2421 / elsewhere in BC, toll-free 1-800-663-7867)
Fax: (250) 387-4454 E-mail: sgspdsec@gov.bc.ca **Security Industry and Licensing website:** www.pssg.gov.bc.ca/securityindustry

FINGERPRINTING AGENCY:

After taking the fingerprints, complete BOTH sections of this page. Provide the bottom part of this form to the applicant (Confirmation of Fingerprints), and forward the top part of this form with the fingerprints to:

The Registrar, Security Programs and Police Technology Division,
PO Box 9217 Stn Prov Govt,
Victoria BC V8W 9J1



Registrar, Security Services Act

DO NOT return the fingerprints to the applicant.

Applicant Full Legal Name: (Surname): _____ (Given Name): _____ (Middle): _____

Applicant's Date of Birth: (year/month/date): _____

Fingerprinting Agency, Police Department or RCMP Detachment: _____

Contact Name: _____ Phone: (_____) _____

FINGERPRINTING AGENCY STAMP:

↑ reply is authenticated by stamping here with official stamp ↑

Person Taking Fingerprints (name in full): _____

Date Fingerprinted: (year/month/day) _____

FORM #SPD0507

CONFIRMATION OF FINGERPRINTS

FINGERPRINTING AGENCY: Complete and tear off this portion, and provide it to the applicant.

(Please ensure you compare the applicant's name and date of birth)

Applicant Full Legal Name: (Surname): _____ (Given Name): _____ (Middle): _____

Date of Birth: (year/month/day): _____

FINGERPRINTING AGENCY STAMP:

↑ reply is authenticated by stamping here with official stamp ↑

Person Taking Fingerprints (name in full): _____

Date Fingerprinted: (year/month/day) _____

FORM #SPD0507 (PSSG08-022 06/2009)