

Reporting an UPDATE to Current Security Worker Licence

Security Services Act (Section 9) requires that you inform the Registrar, Security Services Act, of the following changes *within 14 days of the change occurring*:

- a change in residential address
- a criminal conviction
- a new criminal charge

When completing this form, refer to the guide, *“Getting and Keeping your Security Worker Licence”* found on the Security Industry and Licensing website for information on the kinds of details you should provide and what the required attachments are. Here you will also find other forms you may need.

CURRENT LICENCE: Security Worker Licence # _____ Expiry date (year/month/day) _____

NAME AS ON LICENCE CURRENTLY: (Surname) _____ (Given) _____ (Middle) _____

Part 1:

Check all that apply, provide the details and required attachments. Any information you provide in Part 1 will not alter the actual face of your licence, just your records with the Registrar.

CONTACT INFORMATION CHANGE:

Ph:(_____) _____ Fax (_____) _____ Email _____

New ADDRESS (required if different than the one currently on file with the Registrar):

Street _____ City _____

Prov _____ Postal Code _____

NEW CRIMINAL CHARGES have been laid against me. The details are:

I HAVE BEEN CONVICTED OF AN OFFENCE: The details are:

I HOLD A POSITION WITH PEACE OFFICER STATUS. I am attaching, with this form, a letter from my superior.

I AM BEING TREATED FOR A MENTAL CONDITION. I am attaching, with this form, the Mental Condition Form (SPD0511) completed by my physician.

(... over to page 2)

Part 2:

Information you provide in this part will alter the actual face of your licence, therefore, a new licence will be generated and mailed to you. While information you may provide in part one has no fee attached, any change you provide below, in Part 2, carries a flat fee of \$20 to cover the licence print and mailout.

The expiry date of your current licence WILL NOT change.

NOTE: If your current licence is to expire within 30 days, you should use the “Application for Renewal of Security Worker Licence” form (#SPD0505).

New LEGAL NAME.

No Yes ... I have a new legal name. (if 'yes', please provide name below and confirm you will attach documentation)

(Surname) _____ (Given) _____ (Middle) _____

Yes, I have attached documentation showing legal name change.

LICENCE TYPE: check off **only the** licence types you are qualified for and wish to be indicated on your licence, **including** one currently on the licence if you wish to continue providing that security service; **AND attach** all required documentation supporting your training and qualification for any new licence types you wish added to your licence as outlined in the 'guide'.

- | | | |
|--|--|--|
| <input type="checkbox"/> Armoured Car Guard | <input type="checkbox"/> Closed Circuit Television Installer | <input type="checkbox"/> Security Consultant |
| <input type="checkbox"/> Security Alarm Installer - <i>under supervision</i> | <input type="checkbox"/> Electronic Locking Device Installer | <input type="checkbox"/> Security Guard |
| <input type="checkbox"/> Security Alarm Installer | <input type="checkbox"/> Locksmith - under supervision | |
| <input type="checkbox"/> Security Alarm Monitor | <input type="checkbox"/> Locksmith | |
| <input type="checkbox"/> Security Alarm Response | <input type="checkbox"/> Private Investigator - <i>under supervision</i> | |
| <input type="checkbox"/> Security Alarm Sales | <input type="checkbox"/> Private Investigator | |

(Licence type **Security Guard Under Supervision** (90-day term) may not be added to your licence using this form. If you wish to apply for this type, use form #SPD0520)

DOGS and RESTRAINTS: (answer 'no' or 'yes' to the following ... for dog use authorization, check off purpose) Attach proof of training.

No Yes ... for my security guard work, I request authorization to use DOGS for the purpose of: protection detection-drugs detection-explosives

Attach a copy of your current **Validation Certificate**

No Yes ... I request authorization to carry and use RESTRAINTS (HANDCUFFS only). Attach a copy of current **Certificate of Advanced Security Training**



New PHOTOGRAPH:

No Yes, ... I wish to update the photo on my current licence:

If yes, the photo you provide with this form must have been taken within the last 12 months and must be passport quality.

PAYMENT : No fee is required if you only had to update information in Part 1 of this form.
If you have had to update information listed under Part 2 of this form, a flat fee of \$20 must be provided.

Check off how you will be providing payment:

- bank-issued certified cheque or money order made payable to the Minister of Finance
 credit card (using Authorized for Credit Card Usage Form (SPD0508)  

DO NOT SEND CASH. Personal Cheques not accepted.

Signature: _____ Date: _____

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 questions regarding the collection or use of this information, contact 250 356-1501.