



Controlling Member of a Security Business Reporting an UPDATE

in compliance with the Security Services Act

Security Services Act requires that all individuals who have control of or the ability to control the operations of a licensed security business must 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 Security Industry and Licensing website and download the 'Controlling Members of a Security Business GUIDE'. It provides information on the kinds of details you should provide and what the required attachments are. You will also find other forms you may need.

SECURITY BUSINESS LICENCE: # _____

LEGAL NAME OF SECURITY BUSINESS: _____

YOUR NAME AS CURRENTLY RECORDED BY THE REGISTRAR:

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

New LEGAL NAME:

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

I have attached documentation showing legal name change.

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

Street _____ City _____

Province/State: _____ Country: _____ Postal Code/Zip _____

No Yes I have just moved to Canada, therefore, I have attached my Confirmation of Fingerprinting slip from form #SPD0507.

No Yes I have a criminal record.

No Yes I am reporting new charges or convictions that have been laid against me within the last 14 days.

No Yes I now hold a position with PEACE OFFICER STATUS, therefore, I have attached the confirmation letter from my superior officer (see the "Pre-Requirements" in the 'Guide' for details on what must be in the letter).

No Yes I am now being treated for a MENTAL CONDITION, therefore, I am attaching a completed Mental Condition Form (SPD05110).

BY SIGNING THIS AUTHORIZATION and ACKNOWLEDGEMENT of INFORMATION COLLECTION AND USE and CONSENT TO A CRIMINAL RECORD CHECK, I HEREBY AUTHORIZE AND CONSENT THAT:

I hereby consent to the Registrar, Security Services Act, carrying out a criminal record check, police information check and correctional service information check on me and to use the copy of my fingerprints for that purpose. This consent will remain in effect for the duration of the period for which this security business licence is valid.

I understand that, as a result of the checks, the registrar may require further information from me including copies of all criminal proceedings or information to assess good character.

SIGNATURE: _____ DATE: (year/month/day) _____

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

FORM #SPD0518
PSSG 08-022 (08/2009)

Mail this completed form and attachments to: 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**