

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 Business License

Return completed application to:

The Firearms Office
Justice & Public Safety
P.O. Box 2000, 161 Maypoint Road
Charlottetown, PE CIA 7N8
Telephone: 902-368-4585

Include with application:

1. **License fee: \$200 - Make cheque payable to the Minister of Finance**
2. **Comprehensive General Liability Policy with 30 day cancellation clause - Minimum: \$500,000**
3. **Third Party Fidelity Bond: \$10,000**

For Office Use Only:

Received:	Receipt No.:
CRLS Entity Number:	CRLS License Number:

Please Print

1. Applicant Name: _____
Applicant's Street Address: _____ P.O. Box: _____
City/Town: _____ Province: _____ Postal Code: _____
Telephone: _____ Fax: _____ E-mail: _____
2. Jurisdiction where business was incorporated or otherwise formed: _____
3. The applicant is: (check one) a sole proprietorship a corporation a partnership
other: (please specify) _____
4. If this applicant is a corporation, list names and addresses of officers:
President: _____
Address: _____
Vice-President: _____
Address: _____
Secretary-Treasurer: _____
Address: _____
List any additional officers on a separate sheet.
5. If applicant is a partnership, attach a list of names and addresses of all partners.

(over)

6. Has applicant ever applied for a business license to provide security guard services before?
 Yes No If yes, please provide the following details:
 Company Name: _____ Location: _____
7. Has the applicant ever been refused a license, or has it ever been suspended or cancelled in any province or jurisdiction? Yes No If yes, please provide details: _____

8. Provide a brief description of the types of services to be offered in Prince Edward Island. _____

9. Has the applicant or any of the officers and directors of the company been convicted of an offence under the law of any province, state or country? Yes No If yes, please provide details. **Convictions for which a pardon has been granted need not be disclosed.** _____

10. Are there any unpaid judgements against the applicant, its partners or directors? Yes No
 If yes, please provide details. _____

Signing on behalf of the applicant: _____ Position: _____
 Name: (Please Print) _____ Date: _____

A F F I D A V I T

I, _____ of _____
 (Authorized Official) (Address)

MAKE OATH AND SAY AS FOLLOWS:

THAT I AM _____ of _____
 (Position) (Applicant)

AND THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE.

SWORN TO before me at _____)

in the Province of _____)

this _____ day of _____, 20____.

Signature _____

A COMMISSIONER FOR TAKING AFFIDAVITS
 IN THE SUPREME COURT