

Application for a NEW Security Worker Licence

Before applying, read, understand and be able to comply with all requirements as set out under the Security Services Act and outlined on the Security Industry and Licensing website www.pssg.gov.bc.ca/securityindustry

- you are applying for a Security Guard Under Supervision licence (90-day term) . . . use form #SPD0520
- you hold a Security Guard Under Supervision licence and are now applying for a full Security Guard licence type . . . use the shorter form #SPD0519 Do Not Use this form if: It is very important that you refer to the guide, "Getting and Keeping your Security Worker Licence," for assistance in completing security licensing form(s). The guide includes pre-licensing requirements and full information on the types of documentation you must include in your application package. The 'Definitions' page will help with terminology. All can be found on our website, PART 1: FEES & TERMS PAYMENT MADE BY: Expank-issued certified cheque or money order made payable to the Minister of Finance Credit Card (attach Authorized Credit Card Usage Form SPD0508) DO NOT SEND CASH - PERSONAL CHEQUES NOT ACCEPTED ② One Year (\$120) ☐ Two Year (\$180) ☐ Three Year (\$240) TERM OF LICENCE & FEE: 90 Days (\$60) I am the owner and operator of a Sole Proprietorship Security Business (not a Partnership nor Corporation). If yes, complete the following two fields and enter \$0 in the 'Total Enclosed' box below: Current Security Business Licence # PART 2: APPLICATION DETAILS APPLICATION TYPE: Wew Applicant OR My licence has expired; so I must apply for a new licence. The expired licence is #E _ It expired on: (year/month/day) Note: Do not re-submit documentation that you have already provided to the Registrar. Use this form to update your information and attach required documentation which you have not already provided. LICENCE TYPE: (check off below only the types of services you are qualified for and need to show on your licence) Security Alarm Sales Armoured Car Guard ☐ Security Consultant Electronic Locking Device Installer Closed Circuit Television Installer Security Guard Security Alarm Installer - under supervision Locksmith - under supervision Body Armour Sales Security Alarm Installer Locksmith Security Alarm Monitor Private Investigator - under supervision ☐ Security Alarm Response Private Investigator DOGS and RESTRAINTS: (answer 'no' or 'yes' to the following, and for dog use authorization, check off purpose. Proof of qualification is required: □ No □ Yes ... for my security guard work, I request authorization to use DOGS for the purpose of: □ protection □ detection-drugs □ detection-explosives No ☐ Yes ... I request authorization to carry and use RESTRAINTS — that is, HANDCUFFS only. 1333 Pass-SPB PART 3: APPLICANT INFORMATION (Given) ROBERT Legal Name: (Sumame) Do 13 B 115 Additional Name(s) (alias, maiden name, etc.): (Sumame) (Given) (Middle) (Given) (Middle) Gender: Male Female Date of Birth: (year/month/day) _ Citizenship: I was born in Canada—attached is a clear copy of my birth certificate or valid Canadian Passport. s.221 was not born in Canada but now have citizenship—attached is a copy of my valid Canadian Passport or Citizenship Certification Card. (check [✓] one) I was not born in Canada, but I am legally entitled to work in Canada. Attached is a clear copy of my Record of Landing (IMM1000), Confirmation of Permanent Resident Document (IMM5292), Permanent Resident Card, OR my current work or student permit which is numbered: #_ _ and expires (year/montly'day) Photo Identification: Que clear copy of your photo ID is required - it must be current. Check off the type you are attaching: ☑ Driver's Licence ☐ Passport ☐ BCID ☐ Canadian Firearms Licence (check [/] one) Canadian Permanent Resident Card □ Canadian Native Status Card (must have photo) Height (it finches or ons): ___s.22_ Weight (ibs or kgs):__/ Physical Description: (this information will appear op your Ecence) Hair Colour: Eye Colour: s.22

FORM #SPD0503 PSSG10-007 (07/2010) 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, foll-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

Contact Informa	tion: (your contact informat	tion will not appear on your Feature	n.				
Residential Addre	ss: Ant.#	TA Julian		s.22			
17 19	Ayrīoan:	s.22		Province:	13 C	Postal Code:	s.22
Mailing Address: I	f your mailing address is diffe	erent than your residential address,	please provide it below:				
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	ar	nd CONSENT TO CRIMINA	AL RECORD CHECK				
		criminal record check, police in emain in effect for the duration				k on me and to use t	he copy of my
I undersland that, as a character.	result of the checks, the R	Registrar may require further in	formation from me includi	ing copies of all	criminal proceedi	ings or information to	assess good
I hereby consent to my	licence information (i.e., li	cence number and licence sta	tus) being available for vi	iewing.			
true and correct to of and understand t	the best of my knowle the conditions that wi	d understand all portions edge and belief. I have re ill be placed on me as a li	ead and understand to censee.	he Security S	ervices Act an	d Regulations; an	
Applicant's Signa	ture: Kohent	2) obbue		Date Signed:	May	25/201	()

NOTE: A Security Worker Licence does not allow the operation of a Security Business without a valid Security Business Licence.

Pages 3 through 4 redacted for the following reasons: s.22



The Best Place on Earth

Security Programs and Police Technology Division



JUSTICE INSTITUTE of BRITISH COLUMBIA

Canada's leading public safety educator.

Police Academy Security Training Programs

Certificate of Training Completion

Pursuant to the Security Services Act and Regulations, the below named has successfully completed the approved security training requirement established by the Registrar, Security Services.

Certificate Number

67173

Name: ROBERT GEORGE DOBBIE

Training Requirement: BASIC SECURITY TRAINING

Effective Date: 5/16/2011

Program Manager, JIBC



PM 142413

Request for FINGERPRINTING under the Security Services Act

Applicant Full Legal Name: (Sumame): /	DOBBIE (Given) ROBER	T (MICHOE) GEORG	- 6
Address:	s.22			
Date of Birth: (year/month/date)	s.22	Gender: [→ Male ☐ Female	- 19
Type of Photo Identification attached	to this form: Driver's Lice	ence Other Photo	ID:	
TO BE READ BY THE APPLICANT REC The information on this form and any other pritions under this act. The information provider this information is in compliance with the Sec Privacy Act. If you have any questions regard and Police Technology Division.	ersonal information collected regard d and collected will be used to pro unity Services Act, the Freedom of	rding this application is co cess this application unde f Information and Protectio	r the Security Services Act. The release on the first The release of Privacy Act (RSBC 1996, c.165) and	and use of the federal
BY SIGNING THIS REQUEST FOR FINGER		ZE AND CONSENT THAT		2
The Registrar, Security Services Act, and/o			š	(*)
The Royal Canadian Mounted Police or an Any other individual or agency requested		y designated by the Regi	strar, and	
 To conduct a Criminal Record Check and other police record systems, the provincial disposition of any charges brought agains restraining orders, wants, warrant, prohib To provide a copy of any record, including 	to determine whether I have a re al court record system and the pro st me including, but not limited to, itlons, refusal of a firearm; g investigation report or record of	ovincial correctional record convictions, conditional or proceedings found; and	system on any charges brought against r absolute discharges, probation orders, p	me and the eace bonds,
To use any collected records, reports or p	personal information for purpose o	of a licence application incl	uding any adjudication or reconsideration	in connection
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control of or have the ability to control		i) to me, a security work	er, or by to the security business of wh	ich i nave
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or b) I am a controlling member or	have the ability to control the ope	ration of the security busin	less holding a valid security business lice fence which occurs subsequent to the dai	nce. te of this
I HEREBY CERTIFY THAT:	Market Andrew Carlo Market and Carlo Market and Carlo			
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Accepted Fingerprinting Agencie	s:			
Pacific Fingerprinting Services: www	.pacificfingerprintservice.ca			
Commissionaires: www.commissionai				
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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-

Aftercompleting and signing this page; take both pages to an accepted linger printing agency authorized to perform the thige printing. They will complete page 2 of this formatier 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: vvvvv.pssg.gov.bc.ca/securityindustry

FORM #SPD0507 (PSSG10-007 03/2010)

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 DO NOT return the fingerprints to the applicant. Registrar, Security Services Act Applicant Full Legal Name: (Sumame): DOBBIE (Given Name): ROBERT (Middle): GEOREE Applicant's Date of Birth: (year/month/date): Fingerprinting Agency, Police Department or RCMP Detachment: Contact Name: Phone: (FINGERPRINTING AGENCY STAMP: CANADIAN CORPS OF COMMISSIONAIRES VICTORIA, THE ISLANDS AND YUKON 928 CLOVERDALE AVENUE VICTORIA BC V8X 2T3 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) (Given Name): ROBERT (Middle): CEORGE Applicant Full Legal Name: (Sumame): 10 13 13 1 = Date of Birth: (year/month/day ANADIAN CORPS OF COMMISSIONAIRES VICTORIA, THE ISLANDS AND YUKON 928 CLOVERDALE AVENUE VICTORIA, BC V8X 2T3 FINGERPRINTING AGENCY STAMP: reply is authenticated by stamping here with official stamp 1 Person Taking Fingerprints (name in full):

Date Fingerprinted: (year/month/day)

FORM #SPD0507 (PSSG08-022 06/2009)

Page 7 JAG-2013-00758 Page 8 redacted for the following reason: s.22



Application for a RENEWAL of Security Worker Licence - With Changes

Before applying, read, understand and be able to comply with all requirements as set out under the Security Services Act and cultimed in the Security Industry and Licensing mobile www.pasg.gov.bc.co/security/industry

ermanyonanddaliraningi argan dalaringiningo anamarannaninging kanamaranabilirikanominana USE THIS FORM to renew your licence if you have new information or updates to report to the Registrar. If you have no changes to report, use the shorter form, Application for Renewel - Ho Changes (#SPD0504). Download the guide, 'Gelting and

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PO Box 9217 Sin Prov Govi, Victoria IBC Valv 941

Phone: (290) 307-6961 (if cutside Victoria, call litrough Enquiry BC: Vancouver 604 660-2421 / elsewhere in BC, politique 1-600-663-7667) Fox: (253) 367-4454 E-mit sgspdsec@gev.bc.ca Security Industry and Licensing website: www.pesg.gdyAG-2013-00758

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Photograph processes with the control of the contro
Experience, Education and Training: Fut information on training and documentation you may have to provide can be found on the Security Industry and Licensing watshe and in the guide, "Grafing and Keeping your Structly Worker Licenson."
 Security Alarm Installer — ellach copy of Cartificate of Qualification (recognition credentials) of training or proven experience granted
by the Industry Training Authority
 Amound Car Guard — attach copy of Authorization to Carry (ATC) a restricted finance. plus a copy of all supporting endence of my training and experience is attached.
 Looksmith — allach a copy of Conficato of Ovalification on allach documentation supporting your two years of experience
Private investigator — attach all supporting evidence of training and experience
Security Guard — attach copy of Basic Security Training Certificate Security Consultant — attach of Security Training Certificate
 Security Consultant — estacts at supporting evidence of training and expensence USE OF DOGS — If you have requested authorization to use dogs for security work purposes, you must attack your current Validation Continente
 USE OF RESTRAINTS—If you have requested authorization to use restraints for security work purposes, which Certificate of Advanced Security Training
These licence types DO NOT need training and/or expenience, therefore, no supporting documentation is required.
· Security Alarm Manitor, Sales or Response · Security Alarm Installer Under Supervision · Locksmith Under Supervision
 Closed Circuit Television Installer • Electronic Locking Davics Installer • Private Investigator Under Supervision • Body Amnour Sales
POLICE Officer Status: answer yes'er 'no' to the following quasilons will follow corresponding instructions.
No Yes, I am currently a member of a police force as defined in the Police Act.
if yes, as indicated in the 'Guide', you may NOT hold a security worker fromce and this application will NOT be accepted.
☑ No ☐ Yes, I am a volunteer auxiliary or reserve constable.
if yes, altach the confirmation letter from your superior officer (see the "Pre-Requirements" on the "Guide for details on what must be in the serior,
No Yes, I am refired from the police force — listed as member for exministrative purposes only
if yas, altach the confirmation letter from your superior officer (see me "Pro-Requirements" in the Gorde 'kr outers on what must be in me know,
PEACE Officer Status: answer yes or her to the following
No D Yes I presently hold a position with Peace Officer status.
If you, check next to the box below that identifies the position do you hald AHD attach the confirmation letter from your superior
Officer (see the "Pre-Requirements" in the "Guide" for contrile on what must be in the letter).
Shariff/Deputy Sheriff Corrections Officer Count-appointed Satisff Special Provincial or Musicipal Constable
Criminal History: Do you have a criminal record? s.22
Hentel Condition: Have you been treated for a mental condition? s.22
If yes, you must atlach the Mental Condition Roms (SPD6511) completed by your physician.
Consent for release of information and acknowledgements pursuant to the security services act and consent to
CRIMINAL RECORD CHECK
Thereby exasting to the Registrar carrying out a criminal record check; police information check and pomertional secretic information check on me and to use the copy of my
fingerprises for then purpose. This consent will remain in effect for the duration of the period for which this iscence is visid.
l crossistent that, as a meet of the checks, the Registrar may regula traities information from maincreting copies of all criminal proceedings or information to excess good character.
I hereby consent to my license information (i.e., license number and ticense estable) be available for viewing.
I HEREBY CERTIFY THAT I have read and understand all portions of this application form and the information set out by
me in this application is true and correct to the best of my knowledge and belief. I have read and understand the Security
Services Act and Regulations; and I am aware of and understand the conditions that will be placed on my as a licensee,
Applicant's Signature: Robert S. Dobbin Date Signed: Upril 26/2012
NOTE: A Security Worker Licence does not allow the operation of a Security Business without a valid Security Business Licence.
NEXT STEPS: This form must be signed and dated. Remember to keep a copy for your records.
Required Documentation: refer to the guide, Getting and Keeping your Security Worker Licence guide for Information on the documentation that must be
enclosed with your completed renowal application form.
Payment: Full payment must be submitted before processing can begin

Credit Card Payments: complete and altisch Authorized Credit Card Usage form SPO0508.

. Bank Contilled Cheque of Money Order - make payable to the Minister of Finance (Personal cheques are not accepted - Du Not Sand Cash)

Allow up to 20 days to process your renewal application. If you do not receive your floance or have not been contacted by Security Programs and Police Technology Division within the 30 days, please contact us.

DESCLOSURE; All information regarding this application is colored under the Society Society Act and its Regulations and will be used for that purpose. The use of this information will comply with the Freedom of Information and Philady Act and the Federal Privacy Act. If you have questions regarding the collection or use of this Information, please contact 260 156-1501.

collection and use of this information, contact the Coordinat Freedom of Information, Security Programs Division, 2881 Nana Street, Victoria VSV 1X4, (604) 387-6981. Province of Ministry of British Columb Attorney General Victoria, B.C. 247. LICENCE EXPIRY **V8V 1X4** L#35227 LICENCE ISSUE DATE DATE Application for a Security Employee Licence Note: This is not an application for employment and is not to 1 5 ... FEES: be given to applicant until decision has been made to hire. ADMIN NAME AND ADDRESS OF SECURITY BUSINESS (INCLUDE POSTAL CODE)
 Securiguard Services Ltd. 2. TELEPHONE No. OF SECURITY BUS TOTAL 9/09 208 - 3045 Douglas Street Victoria, B.C. V8T 4N2 382-8258 SURNAME OF APPLICANT - GIVEN NAMES (NO INITIALS) 4. HOME TELEPHONE 5. DATE OF BIRTH MR. MRS. MQ. 1 DAY ☐ MISS ☐ MS. s.22 STEVEN s.22 6. APPLICATION FOR 7. FORMER NAME, ALIASES, ETC. CI ALARM SERVICE TECHNICIAN! ☐ PRIVATE INVESTIGATOR ☐ ALARM SERVICE TECHNICIAN ☐ SECURITY CONSULTANT - UNDER SUPERVISION 4 SECURITY PATROL 8. RESIDENCE ADDRESS, STREET, APT. No., CITY OR TOWN, PROVINCE, POSTAL CODE ALARM SERVICE - SALES ONLY □ LOCKSMITH ☐ ALARM SERVICE - MONITORING APPRENTICE. ALARM SERVICE - RUNNER s.22 TMUST-HAVE CERTIFICATE OF COMPETENCY 9. "SOCIAL INSURANCE No. 10. *DRIVER'S LICENCE No .- INCLUDE PROV. OR STATE OF ISSUE 11. "MEDICAL SERVICES I.D. No. s.22 13. IMMIGRATION VISA 14. IMMIGRATION EMPLOYMENT AUTHORIZATION No. (ATTACH COPY) 15, LANGUAGE SPOKEN NATIONALITY CANADIAN CITIZEN OTHER (SPECIFY) NUMBER ENGLISH OTHER (SPECIFY) If Other, Complete 13 or 14 ☐ ATTACHED 16. PLACE OF BIRTH (CITY, TOWN), PROV. OR STATE, COUNTRY 17. PORT OF ENTRY 18, DATE OF ENTRY YR. DA\ s.22 20. INDICATE IF PRESENTLY EMPLOYED FULL OR PART TIME AS: IS. PRIORAL DESCRIPTION HAIR COLOUR PEACE OFFICER HEIGHT | WEIGHT | EYE COLOUR COLLECTOR E CENT EUBAILIFÉ INCLUDE AUXILIARY 21. HAVE YOU BEEN FOUND GUILTY OR BEEN CONVICTED OF A CRIME UNDER THE LAW OF ANY COUNTRIBERION OF STATE IN THE PAST 10 YEARS (INCLUDING CHARGES WHERE THE COURT GRANTED A CONDITIONAL OR ABSOLUTE DISCHARGES) OR ARE THERE ANY CHARGES PENDING? JUL 20 1994 s.22 IF YES, GIVE FULL PARTICULARS (IF INSUFFICIENT ROOM, ATTACH SEPARATE SHEET). POLICE MENT OF ATTORNEY GENERAL OFFENCE DATE PLACE SENTENCE IF RENEWAL AND NO CHANGES SINCE LAST APPLICATION, COMPLETE TO HERE ONLY AND SIGN REAR OF FORM. IF CHANGES, COMPLETE APPLICABLE SECTIONS ONLY. 22. HAVE YOU PREVIOUSLY APPLIED FOR A SECURITY BUSINESS LICENCE OR SECURITY EMPLOYEE LICENCE IN ANY PROVINCE, TERRITORY, STATE OR COUNTRY? s.22 23. HAVE YOU PREVIOUSLY HELD A SECURITY BUSINESS LICENCE OR SECURITY EMPLOYEE LICENCE IN ANY PROVINCE, TERRITORY, STATE OR COUNTRY?

s.22

24. PLACE OF RESIDENCE PAST 10 YEARS (INCLUDE PRESENT ADDRESS), IF INSUFFICIENT, ATTACH SHEET.

YEAR STREET AND NUMBER, APT. No. CITY OR TOWN FROM TO

s.22

* 9, 10, 11 — COMPLETE ANY TWO.	Page 11 JAG-2013-00758
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REVISED 28 NOV 91	r.

EMPLOYER'S NAME AND ADDRESS	*	TYPE OF WORK	FROM TO MO. YR. MO. YR.	REASON TERMINATED
	s	s.22		
EDUCATION AND TRAINING (a) NAME AND ADDRESS OF PRIMARY OR SE	CONDARY SCHOOL LAST	ATTENDED.	LAST GRADE COMPLETED	
		s.22		
LIST THREE B.C. RESIDENTS (NOT RELATED	OR EMPLOYED BY YOU) W		JUDGE YOUR CHARACTER AND WH	O HAVE KNOWLEDGE
OF YOUR COMPETENCE AND FITNESS. FULL NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS OR OCCUPATION	LENGTH OF TIME KNOWN
		s.22		
I. FINANCIAL INSTITUTION WHERE APPLICAN	IT KNOWN		BRANCH	•
9. DO YOU HAVE FINANCIAL OR OTHER INTER	EST IN A BUSINESS PROVI	DING PRIVATE INVESTIGA	TIVE, ALARM, LOCKSMITHING, ARM	OURED CAR, SECURITY
CONSULTING OR SECURITY PATROL SERV S.22	ider			
30. HAVE YOU EVER PERSONALLY DECLARED S.22	BANKRUPTCY OR ARE YO	OU IN THE PROCESS OF	BANKRUPTCY?	
31. HAVE YOU EVER BEEN INVOLVED AS AN O	DEFICIAL OF ANY COMPAN		BANKRUPTCY OR IS IN THE PROCE	ESS OF A BANKRUPTCY
S.22 32. HAS ANY CIVIL JUDGMENT OF ANY COULD S.22	RT BEEN ISSUED AGAINST	Y007		
33. HAVE YOU EVER BEEN TREATED FOR A \$.22	MENTAL DISORDER?	- 1	(6)	
34. FULL NAME OF SPOUSE	occi	UPATION OF SPOUSE	BIRTHDATE	OF SPOUSE
35 NAME ADDRESS AND TELEPHONE NUMB CONTACTED. FULL NAME	and the second s	RESS	TELEPHONE NUMBER	M THE APPLICANT MAY
		s.22		
I hereby certify that the information set the release to the Registrar or person (SIGNATURE OF APPLICATION OF A	authorized by him all o	cation is true and corrected or personal info	ect to the best of my knowledge rmation relative to this applicat	and belief and authorion.
I INAME OF COMPANY REPRESENTATIVE)	Regional P	64- 1	Securiorand Januard Januard	
A LICENSED SECURITY BUSINESS	, HEHEBY ADVISE T	HAI		IS CONSIDER

CAUTION: Any person who for the purpose of obtaining a Licence under the *Private Investi* and Security Agencies Act, who knowingly makes a statement that is it.

I misteading or fails to disclose any information reversity to his application is guilty of an offence. In 8 addition, the Licence may be refused, suspended or cancelled.



Security Program Division 1881 Nanaimo Street Lictoria British Columbia V8V 1X4 Phone: (604) 387-6981 or 387-3152

Fax: (604) 387-5687

CONFIRMATION OF FINGERPRINTING

To be retained by Applicant for return with application

Date of Birth:		s.22		YEAR	
Date Fingerprinted: /2	/	07	_ / _{¥1}	94 EAR	, OR
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Person Taking Fingerprin	ts: _	Joh	n). lease	Arch	er full name

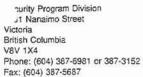
Police Agency Please Note:

Please forward Fingerprints and bottom portion of form M28-1346 (Request for Fingerprinting) to:

The Registrar Security Programs Division 2nd Floor - 2881 Nanaimo Street Victoria, British Columbia V8V 1X4

- * A Security Employee licence WILL NOT be issued until a copy of this form, endorsed by a Police Agency, is received in this office.
- * On July 16, 1993, the A/OIC Contract Policing RCMP HQ., Vancouver advised that the \$25.00 (plus GST) fee for taking Fingerprints relative to an application for a licence under the Private Investigator And Security Agencies Act WILL NOT be charged.





EMPLOYEE APPLICATION CHECK LIST

Please ensure you fully complete ALL paragraphs in your

application. A review of applications received during the past year has revealed problems in the following paragraphs
Business Name and Address
Your Full Name
Your Correct Address and Postal Code
Your Telephone Number
Correct Category (Security Patrol, Alarm Service, etc.)
Birthdate
Physical Description
References (as required)

NOTE: You MUST enclose with your application:

- a) 2 coloured photographs (1 x 1 1/2 inches)
- b) Confirmation of Fingerprinting
- c) Correct Fees

Failure to complete ALL paragraphs accurately will result in a delay in the issuance of your licence.

You are reminded that working as a security employee without a current valid licence constitutes an offence under the Private Investigators and Security Agencies Act which could result in a \$5,000 fine, one year's imprisonment, or both.

13/7/92

Becycled Paper

REQUEST FOR FINGERPRINTING UNDER THE PRIVATE INVESTIGATORS AND SECURITY AGENCIES ACT

The following person will be offered employm		208 - 3045 Douglas Street
	(Name of Business)	Victoria, B.C. V8T 4N2
indly have fingerprints taken:	· · · · · · · · ·	
ull Name:		Weight: s.22
ddress:	9	Hair Colour:
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Social Insurance No.:		·
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Drivers Lic. No.:	RECEIV	
*Indicate 2 out of 3.	SECURITY PROGRAMS	DIVISION
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* #	MINISTRY OF ATTORNE	Y GENERAL (Signature of Officer of Company)
		The state of the s
Province of	Ministry of	Security Programs Division
British Columbia	Attorney General	2881 Nanaimo Street Victoria British Columbia
		V8V 1X4 Phone: (604) 387-6981
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TO: POLICE DEPT./R.C.M.P. DET.		3 3
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Local Indices check: Positive Neg	Janve	·
Licence issuance: Recommended	_ Not Recommended	CRIMINAL RECORD CHECK
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M2A-1346		Registrar .

Security and Services Lin. 228 - 1515 Overglas News Victoria, B.C. - V88 482



SECURITY EMPLOYEE LICENCE

Province of British Columbia

File No49305-1

35895 1740

Ministry of Attorney General

whose describion appears on the reverse is licenced under the Private Investigators and Security Agencies Act to engage in the following categories of a security

SECURITY PATROL

VOID UNLESS ACCOMPANIED BY A VALUE SECURITY EMP-LOYEE IDENTIFICATION CARD ISSUED BY A LICENCED SECURITY BUSINESS. EXPIRES ON THE

AUG 25 1994 DAY OF AUG 25 1994

File No.

35895 1740

49305-1

DATE OF ISSUE:

25-AUG-1994

ADDRESSVAN TASSELL, STEVEN DAL

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FIRTH: OF

BIRTHDATE: HEIGHT:

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Page 18 redacted for the following reason: s.22





Ministry of Atto ar Ceneral Security Progr. 3 .ision P.O. Box 9217, Stri Prov Govt. Victoria, British Columbia V8W.9J1 Telephone: (250) 387-6981

Location: 2nd Floor 2881 Nanaimo Street Victoria, British Columbia

APPLICATION FOR A SECURITY EMPLOYEE LICE	NCF
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Amplete From Ampletation Ampletation OF AMPLET NOTE: Parual Note: This is not an application for employment and is not to be apply only when a new given to applicant until decision has been made to hire. applicant has been refused. NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE SECURITY BUSINESS. 1. LICENSED NAME AND ADDRESS OF SECURITY BUSINESS (INCLUDE POSTAL CODE) 2. TELEPHONE NO, OF BUSINESS

VICTORIA, B.C. SECURIGUARD SERVICES # 208 3045 DOUGLAS ST. V8T 4ND 250 388 - 3118 BROOK REED 4. SURNAME OF APPLICANT (EMPLOYEE) 6. MIDDLE NAME M Mc

☐ Mrs. ☐ Ms. STEVEN VAN TASSELL DALE 7. FORMER NAME, ALIAS, ETC. 8. DATE OF BIRTH -Month . N/A

9. RESIDENTIAL ADDRESS (INCLUDE STREET; APT NO.; CITY OR TOWN; PROVINCE; POSTAL CODE) 10. HOME TELEPHONE

s.22 s.22 11. PHYSICAL DESCRIPTION 12. LANGUAGE SPOKEN 13. NATIONALITY COMPLEXION EYE COLOUR HAIR COLOUR HEIGHT WEIGHT 2 SANADIAN CITIZEN ENGLISH OTHER (SPECIFY) OTHER (SPECIFY) s.22 s.22 s.22 14. PLACE OF SIRTH (CITY OR TOWN; PROVISTATE; COUNTRY) 15. PORT OF ENTRY 16. DATE OF ENTRY MONTH

17. HAVE YOU BEEN FOUND GUILTY OR BEEN CONVICTED OF A CRIME UNDER THE LAW OF ANY COUNTRY, PROVINCE OR STATE IN THE PAST 10 YEARS (INCLUDING CHARGES WHERE THE COURT GRANTED A CONDITIONAL OR ABSOLUTE DISCHARGE OR RESTRAINING ORDERS OR PEACE BONDS)? HAVE YOU BEEN CHARGED OR CONVICTED UNDER THE YOUNG OFFENDERS ACT. DO YOU HAVE ANY CHARGES PENDING?

□ NO □ YES IF YES, GIVE FULL PARTICULARS (IF INSUFFICIENT ROOM, ATTACH SEPARATE SHEED PRODUCEDEPARTMENT F OFFENCE SENTENCE DATE PLACE SECURITY PROGRAMS DIVISION MAV 2 7 1008

18. APPLICATION FOR (TYPE OF LICENCE, CATEGORY) CHECK APPROPRIATE BOX(S)

MINISTRY OF ATTORNEY GENERAL

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Back SECURITY PER BACK SECURITY PROPERTY PROPERT

Complete From 20

Complete Free

☐ ALARM SERVICE TECHNICIAN ☐ ALARM SERVICE UNDER SUPERVISION ☐ ALARM SERVICE SALES ONLY

☐ ALARM SERVICE RESPONSE ☐ SECURITY CONSULTANT □ LOCKSMITH

SECURITY PATROL ☐ PRIVATE INVESTIGATOR

☐ LOCKSMITH UNDER SUPERVISION ☐ ALARM SERVICE MONITOR

☐ PRIVATE INVESTIGATOR UNDER SUPERVISION

FOR SPD OFFICE

USE ONLY

GENERAL H

3. CONTACT PERSON AT

7.9 information on this form is collected under the Private investigators and Security Agencies Act (RSBC 1996, c.374), and the regulations which govern this Act. The information provided will be used to process your application under the Private Investigators and Security Agencies Act. The release and use of this information is information and Protection of Privacy Act. If you have any quantions regarding the conditions and use of this information. contact the Coordinator, Freedom of Information, Security Programs Division, (250) 387-6981. SECURITY PROGRAMS UNTIL

19. TO BE READ AND SIGNED BY APPLICANT:

I hereby authorize the Registrar, Private Investigators and Security Agencies Act, or designated authority, to conduct a Crimigal Records Cheby God to determine whether or not I have a record for any provincial and/or federal charges, convictions, peace bonds or restraining orders. I further authorize the RCMP, or designated authority, to provide a copy of my record to the Registrar, Private Investigators and Security Agencies Act, Security Programs Division, Ministry of Attorney General. If I am at any time charged with or convicted of a provincial and/or federal offence subsequent to my Criminal Records Check authorized herein, I further agree in poor provincial programs Division in the provincial and/or federal offence subsequent to my Criminal Records Check authorized herein, I further agree in poor provincial and/or federal offence subsequent to my Criminal Records Check authorized herein, I further agree in provincial and/or federal offence subsequent to my Criminal Records Check authorized herein, I further agree in provincial and/or federal offence subsequent to my Criminal Records Check authorized herein, I further agree in provincial and/or federal offence subsequent to my Criminal Records Check authorized herein, I further agree in provincial and/or federal offence subsequent to my Criminal Records Check authorized herein, I further agree in provincial and/or federal offence subsequent to my Criminal Records Check authorized herein, I further agree in provincial and/or federal offence subsequent to my Criminal Records Check authorized herein, I further agree in provincial and or federal offence subsequent to my Criminal Records Check authorized herein, I further agree in provincial and or federal offence subsequent to my Criminal Records Check authorized herein, I further agree in provincial and or federal offence and feder to provide my employer with a new signed application for Criminal Records Search.

I hereby certify that the information set out by me in this application is true and correct to the best of my knowledge and belief. I acknowledge that it is an offence to supply false or inaccurate information on this application and authorize the release to the Registrar or person authorized by him/her all credit or personal information relative to this application.

l acknowledge that Section 10 of the Private Investigators and Security Agencies Act states that a person must not engage in employment as a security employee or hold himself or herself out to be so employed unless the person holds a valid a security employee licence in his or her possession for the type of work performed.

NATURE OF APPLICAN

20. TO BE COMPLETED AND SIGNED BY BUSINESS REPRESENTATIVE:

E OF SECURITY BUSINESS REPRESENTATIVE)

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techniques Someces

A LICENSED SECURITY BUSINESS, HEREBY ADVISE THAT_

Triser

IS CONSIDERED A SUITABLE PERSON FOR

EMPLOYMENT WITH OUR SECURITY BUSINESS AND WE INTEND TO HIRE/RENEW THIS APPLICANT, AS OF

Sage 20cH 19 JAG-2013-00758

1. INDICATE IF PRESENTLY EMPLOYED FULL O	R PART TIME AS:			
☐ PEACE OFFICER ☐ INCLUDE AUXILIA	ARY DEST COLLECTOR D COLLECT	ION AGENT D BAILIFF		
2. HAVE YOU PREVIOUSLY APPLIED FOR A SEC	CURITY BUSINESS LICENCE OR SECURITY EMPL	OYEE LICENCE IN ANY PRO	OVINCE, TERRITORY, STATE OR COUNTRY?	
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HAVE YOU PREMINISTY HELD A SECURITY	BUSINESS LICENCE OR SECURITY EMPLOYEE LI	CENCE IN ANY PROVINCE.	TERRITORY, STATE OR COUNTRY?	term on the
S. PAVE TOU PREVIOUSET RELOT SECONITY	Control of Stores Stores			
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2. PLACE OF RESIDENCE FOR THE PAST 10 YE	ARS, INCLUDING PRESENT ADDRESS (IF INSUFF	FICIENT SPACE, ATTACH SE		
STREET AND NUMBER, APT NO.	CITY OR TOWN		FROM	RS TO
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			FROM TO	REASON
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(a) NAME AND ADDRESS OF PRIMARY OR S	ECONDARY SCHOOL LAST ATTENDED		55160	NOC COMPLETED
	s.22			s.22
(b) LIST ANY POST SECONDARY DEGREES (OR DIPLOMAS HELD.			
	s.22			
(c) SPECIFY OTHER TRAINING SKILLS OR EX	PERIENCE RELATIVE TO LICENCE APPLICATION	SECURIT	Y PROGRAMS DIVISION	
	S.	22		
LIST THREE B.C. RESIDENTS (EXCLUDING IN KNOWLEDGE OF YOUR COMPETENCE AND	MMEDIATE FAMILY OR CURRENT OR FORMER E	MPLOYERS OR BY YOU) W	HO ARE COMPETENT TO JUDGE YOUR CHAP	RACTER AND WHO H
:	*	MINISTRY	OF ATTORNEY GENERAL	LENGTH
FULL NAME	ADDRESS	NUMBER	BUSINESS OR OCCUPATION	TIME KNO
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B. FINANCIAL INSTITUTION WHERE APPLICANT	r is known		BRANCH	
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DO YOU HAVE FINANCIAL OR OTHER INTER	ESTS IN A BUSINESS PROVIDING PRIVATE INVE		MITHING ADMOVIDED CAR SECURITY COM	HILTING OR SECURI
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, HAVE YOU EVER BEEN INVOLVED AS AN OF	FICIAL OF ANY COMPANY WHICH HAS DECLAR!	ED BANKRUPTCY OR IS IN T	HE PROCESS OF A BANKRUPTOYS	
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	DEEN IGGIEG ADAMOS VAIN			
. HAS ANY CIVIL JUDGEMENT OF ANY COURT	DEEN ISSUED AGAINST YOU?			
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B. HAVE YOU BEEN TREATED FOR A MENTAL	DISORDER?			
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CAUTION: Any person who for the purpose of obtaining a Licence under the *Private Investigators and Security Agencies Act*, RSBC 1996 c.374, knowingly makes a statement that is false or misleading or fails to disclose any information relative to this application is guilty of an offence. In addition, the Licence may be refused, suspended or cancelled.

Pages 22 through 24 redacted for the following reasons: s.22

Ministry of Attorney General curity Program Division .81 Nanaimo Street Victoria British Columbia V8V 1X4 Phone: (604) 387-5981 or 387-3152 Fax: (604) 387-5687

CONFIRMATION OF FINGERPRINTING

To be retained by Applicant for return with application

Name of Applicant: Street Van Tassore.		208 -	guard Serv 3045 Doug ria, B.C. V	las Street
Date of Birth :	s.22	YEAR		
Date Fingerprinted : 22 DAY	/ / / / / / /	98 EAR	_, OR	•
	22 1 04 MONTH	/ 92 YEAR	3'	
RECEIVED SECURITY PROGRAMS DIVISION		TORIA POLICE D		0
MAY 2 7 1998 MINISTRY OF ATTORNEY GENERAL		IINAL RECORD (1	
Person Taking Fingerprints		USUBY e print f	ull name	

Police Agency Please Note:

Please forward Fingerprints and bottom portion of form M28-1346 (Request for Fingerprinting) to:

The Registrar SECURITY PROGRAMS DIVISION SECURITY Programs Division JUN 1.8 1998
2nd Floor - 2881 Manaimo Street
Victoria, British Columbia
V8V 1X4

- * A Security Employee licence WILL NOT be issued until a copy of this form, endorsed by a Police Agency, is received in this office.
- * On July 16, 1993, the A/OIC Contract Policing RCMP HQ., Vancouver advised that the \$25.00 (plus GST) fee for taking Fingerprints relative to an application for a licence under the Private Investigator And Security Agencies Act WILL NOT be charged.





SECURITY EMPLOYEE LICENCE File No. 85985 1

35875

1740



VAN TASSELL, STEVEN DAL whose description appears on the reverse is licenced under the Private investigators and Security Agencies Act to engage in the following categories of a security business.

SECURITY PATROL

VOID UNLESS ACCOMPANIED BY A VALID SECURITY EMP-LOYEE IDENTIFICATION CARD ISSUED BY A LICENCED SECURITY BUSINESS. (Reviewed)

EXPIRES ON THE

14THDAY OF JULY, 1999 PROPERTY OF THE PROVINCE OF BRITISH COLUMBIA

File No. 35895 1740 No. 85985 1

DATE OF ISSUE: 14-JUL-1998

s.22

ADDRESS: VAN TASSELL, STEVEN DAL

s.22

CITY, TOWN:

BIRTHDATE:

PLACE OF BIRTH:

HEIGHT:

WEIGHT:

EYE COLOUR

HAIR COLOUF

COMPLEXION:

BG/RH FACTOR:

This licence is issued subject to the Private Investigators and Security Agencies Act and Regulations and must be surrendered to employer on termination of employment.

LOCKSMITHS: Pursuant to section 311 of the Criminal Code the person named herein is authorized to possess an automobile master key.

(for Attorney-General)

RENEWAL OF SECURITY EMPLOYEE LIGHNCE

INSTRUCTIONS:

1) EMPLOYEE: Please review the information in Section A below, making any corrections in ink. Complete the employee signature block for consent in Section B below and return the signed form to your employer.

2) EMPLOYER: Please complete the signature block in Section B below and return with the applicable fees to the Security Programs Division. Should

the named employee no long Section C below.			
SECTION A:		71 (4)	
	TOTAL SECTION AND ADDRESS OF THE PERSON AND		
EMPLOYEE FILE #: 35895 SURNAME: Van Tassell ALIAS/MAIDEN NAME:	FIRST NAME:		IDDLE NAME: Dale
LICENCE EXPIRY DATE INDICA	TED BY OUR RECOR	RDS/: 14-JUL-199	9/
CURRENT EMPLOYER: 1740 S EMPLOYER PHONE NUMBER: 388		ices Ltd.	HICE SING
EMPLOYEE STREET: EMPLOYEE CITY: EMPLOYEE POSTAL CODE:	s.22	EMPLOYEE PROVEMPLOYEE PHON	[
GENDER: M	COMPLEXION:		INITIAL
HEIGHT: S.22	EYES: HAIR:	s.22	CEIVED
CURRENT LICENCED CATEGORIE Security Patrol	ES:		PROGRAMS DIVISION UN 2 2 1999
SECTION B - CONSENT FOR RE	ELEASE OF PERSONA		
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Have you been found guilty province, or state since y charges pending against you	your last licence	e renewal or ar	e there currently any
Offence: Date:	Place: Po	olice Dept:	Sentence:
Steven Kay Tasso	M		02/06/99
Employee Signature	V	Da	te (DD/MM/XY)
Employer Signature		Da	te (DD/MM/YY)
SECTION C: TERMINATION DATE (DD/MM/Y) TRANSFER DATE (DD/MM/Y)		CENCE ENCLOSED	(Y/N):
Security Patrol SECTION B - CONSENT FOR RE The informati Ministry of Attorney Genet INVESTIGATORS 2881 Nanaimo Street provided will 35895 INVESTIGATORS EMP# 1740 the collectio BUS# 15-JUL-: Information, DOI 14-JUL-: V8V 1X4, (604 DOE Have you been found guilty province, or state since y charges pending against you Offence: Date: Employer Signature Employer Signature SECTION C: TERMINATION DATE (DD/MM/Y)	JUL 0 2 199 1999 2000 y or convicted of your last licence pu? No Yes Place: Po	96254-1 auth 1992, 1cation 1ve an 1 the 1 mo St f a crime under 1 renewal or ar 1 (provide det 1 Da 2 Da 2 CENCE ENCLOSED	OF ATTORNEY GENERAL ority of the PRIVATE C.45). The information n under the PRIVATE y questions regarding Coordinator, Freedom of reet, Victoria, B.C., the law of any country e there currently any ails below) Sentence: OR /OG/99 te (DD/MM/YY) ZZ/06/\$S. te (DD/MM/YY)

10/02/00 MON 09:46 FAX 250 4 :547	Can	West Mall		L8434"	0	@006
INSTRUCTIONS: 1) EMPLOYEE: Please review to corrections in ink. Complete	the information the complete the employer	vee signatur	ion A b	L8 elow, mak	4349	10.00 ×
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SECTION A: EMPLOYEE FILE #: 35895 DA SURNAME: Van Tassell ALIAS/MAIDEN NAME: LICENCE EXPIRY DATE INDICATED		E: Steven		DLE ·NAME:	Dale	
CURRENT EMPLOYER: 1740 Secu EMPLOYER PHONE NUMBER: 388-31	18	rvices Ltd.(Branch)	MINISTRY	2000 OCT	ER E
EMPLOYEE STREET: EMPLOYEE CITY: EMPLOYEE POSTAL CODE:	s.22	EMPLOYEE		CE: Sec		A PROPERTY.
GENDER: M HEIGHT: WEIGHT: S.22	COMPLEXIC EYES: HAIR:	N: s.22		NEY GENERAL	H 9: 12	SIS DIVISION
CURRENT LICENCED CATEGORIES: Security Patrol				RAL	,0	ž
SECTION B - CONSENT FOR RELEA Ministry of Attomey(The information on 2881 Nanaimo Street INVESTIGATORS AND: provided will be u:EMP# INVESTIGATORS AND BUS# the collection and poi Information, Securipoe V8V 1X4, (250) 387	seneral	. ICT 25 2010 0	110177-1	ity of the (5). The under the questions ordinator ot, Victor	infor PRIVA regar , Free	mation TE ding : dom of
Have you been found guilty or province, or state since your charges pending against you?	last lice	of a crime nce renewal (provid	or are	there cur	any c rently	ountry, any
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<u>;</u>:



Ministry of Public Safety and Solicitor General

Police Services Division

Security Programs PO Box 9217 Stn Prov Gov't Victoria BC V8W 9J1 Telephone: (250) 387-6981 Facsimile: (250) 387-4454

APPLICATION FOR A SECURITY EMPLOYEE LICENCE

PART 10 TO BE COMPLET	ED AND SIGNED B	BUSINESS REPRES	NITATIVE	
Business Licence #:	Business Name (Na	Business Telephone:		
1740	Securiquand	Services		(250) 388-3118
FEES ARE ATTACHED CER	TIFIED CHEQUE/MONEY	ORDER CREDIT CARD	APPLY FRO	
TYPE AND CATEGORY OF	LICENCE	THE STATE OF THE S	Reflective de la company	Charge Mark as he to
TYPE: Temporary Licence N Has applicant held previou	New Applicant Lass security employed Licence #E T Supervision C Sion C ED AND S(GNED)E	psed Licence Prenipsed Licence? Expiry Date Alarm Service Under Alarm Sales Only Alarm Monitor Alarm Response First Name: Of Birth: Year / Mon	ewal Re-Is: Section Supervision	writy Consultant Middle Name: DALE Gender: Male Female Town, Province / State, Country)
s.22			s.22	
Physical Description:			material de la	
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Residential Address: (includence) s.22 Education and Training:		own, Province, Postal Code)		
Question 1-Do you present No Yes, what position Police Officer Auxiliar Restrictions for employment may ar Question 2-Have you ever	n do you hold? y/Reserve Police Offi ply for certain categories o	rith Peace Officer state cer Sheriff Con of licence.		
		s.22		

FORM #SPDO100 (11/2005 - PSSG 05-078)

Page 1 of 2

Question 3 - Have you been charged with a crime under the law of any country, province or state (including the Criminal Code of Canada and the Youth Criminal Justice Act and Controlled Drugs and Substances Act)? You must inform this office if you have previously been charged with a crime, regardless of the eventual outcome of the trial. This includes where a stay of proceedings was entered. This also includes situations where the court has granted a conditional or absolute discharge or where you have entered into a restraining order or peace bond. Do you have any charges pending?

s.22

AUTHORIZATION AND ACKNOWLEDGEMENT OF INFORMATION COLLECTION AND USE:

- The information on this form and any other personal information collected regarding this application is collected under the Private Investigators and Security Agencies Act (RSBC 1996, c.374), and the regulations under this Act. The information provided and collected will be used to process this application under the Private Investigators and Security Agencies Act. The release and use of this information is in compliance with the Private Investigators and Security Agencies Act, the Freedom of Information and Protection of Privacy Act (RSBC 1996, c.165) and the Rederal Privacy Act. If you have any questions regarding the collection and use of this information, contact the Freedom of Information. Coordinator, Security Programs, (250) 387-6981.
- It is an offence under Section 32(1)(d) of the Private Investigator's and Security Agencies Act to knowingly make a statement, orally or in writing that is false or misleading.

BY SIGNING THIS APPLICATION FOR A SECURITY EMPLOYEE LICENCE. I HEREBY AUTHORIZE AND CONSENT THAT:

The Registrar, Private Investigators and Security Agencies Act, and 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 Records Check and to determine whether or not I have a record through the Canadian Police Information Centre or Provincial Court System for any provincial and/or federal charges before the courts, convictions or non-convictions information, conditional or absolute discharges by a court, probation orders, peace bonds, restraining orders, wants, warrants, prohibitions, refusal of a firearm etc.
- To provide a copy of any record, investigation report or record of proceedings found, to the Registrar, and
- To use any collected records, reports or personal information for purposes of adjudications or appeals in connection with this licence application, and

I HEREBY AGREE THAT, if a licence is granted by the Registrar pursuant to this application,

- This authorization and consent by me shall remain in force for the duration of the period for which such licence is issued, and
- I will promptly report to my employer and 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

LHEREBY CERTIFY THAT

- I have read and understand all portions of this application form, and
- The information set out by me in this application is true and correct to the best of my knowledge and belief, and

I FURTHER ACKNOWLEDGE THAT

Section 10 of the Private Investigators and Security Agencies Act states that a person must not engage in employment as a security employee or hold himself or herself out to be so employed unless the person holds a valid security employee licence in his or her possession for the type of work performed.

Van teven h 2001 (Signature of Applicant)

8 FEBRUARY 2006 (Date)

PART 3: THE EMPLOYER

I hereby certify that this applicant is considered a suitable person for employment with our security business, and I can certify that this application has been completed accurately.

Ha Hues Stephan (Security Business Representative Name)

I. Heller (Signature of Security Business Representative) Feb 8/06

FORM #SPDO100 (11/2005 - PSSG 05-078)

Page 2 of 2



Ministry of Public Safety

Security Programs Divisor Curity Programs and Solicitor General
PO Box 9217 Stn Prov Gov't
Strictoria BC V8W 9J1
Police Services Division
Police Services Division
Police Services Division

RECEIVED

Ministry of Fucile, Safety
and Solicitor System LICENCE

APPLICATION FOR A SECURITY EMPLOYEE LICENCE

Business Lice	ence #:	Business Name (Name on Business Licence):					Business Telephone	4:
B3434	5 F	OYAL VICTO	RIA SE	CURIT	Y		(250m) 382-1177	E
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TYPE: Temporary	Licence Ne	w Applicant	☐ Laps	sed Licer	nce 🛭 Rei	newal Re-Iss	ue (Lost or Stolen Licence	(:)
Has applicant No CATEGORY:	held previous Yes- Li	security emp cence #E 358	loyee I 95			2007/02/13	v. Hand	5
Locksmith		SP#1610/0/2017	000		ervice Under ales Only onitor	☐ Secu Supervision	rity Consultant	
1, 20, 31		The target of the same		Part of			CARTERISE	1
Surname:			F	irst Nar	ne:		Middle Name:	
VAN TASSELL	9		E 5	TEVEN				
Former Name	Alias, Maiden	Name, Etc:		ste of Birth: Year / Month / Day S.22			Gender: ☑ Male ☐ Female	
Nationality:	s.22			Place of Birth: (include City / 7			own, Province / State, Country)	
Physical Desc	ription:							
Height: (ft-inches/cm)	Weight: (lbs or kgs)	Hair Colour:		Eye	Colour:	Home Telep	***************************************	
s.22	s.22			s.22 s.22			!	
Residential A	dress: (include	Street, Apt No., C	ity or Tow	n, Province	e. Postal Code			
Education and	d Training:							
		s.22				6	4.	
	you presently what position of		ion with	Peace	Officer stat	us (this does not in	clude Security Patrol field):	
Police Office	er Auxiliary/	Reserve Polic	e Office	r 🗆 Sh	eriff 🗀 Cor	rections Officer	Other:	
Restrictions for em	ployment may appl	y for certain cates	ories of I	cence.	200			
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FORM #SPDO100

Page 1 of 2

Question 3 - Have you been charged with a crime under the law of any country, province or state (including the Criminal Code of Canada and the Youth Criminal Justice Act and Controlled Drugs and Substances Act)? You must inform this office if you have previously been charged with a crime, regardless of the eventual outcome of the trial. This includes where a stay of proceedings was entered. This also includes situations where the court has granted a conditional or absolute discharge or where you have entered into a restraining order or peace bond. Do you have any charges pending?

s.22

AUTHORIZATION AND ACKNOWLEDGEMENT OF INFORMATION COLLECTION AND USE:

- The information on this form and any other personal information collected regarding this application is collected under the Private Investigators and Security Agencies Act (RSBC 1996, c.374), and the regulations under this Act. The information provided and collected will be used to process this application under the Private Investigators and Security Agencies Act. The release and use of this information is in compliance with the Private Investigators and Security Agencies 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, (250) 387-6981.
- It is an offence under Section 32(1)(d) of the Private Investigator's and Security Agencies Act to knowingly make a statement, orally or in writing that is false or misleading.

BY SIGNING THIS APPLICATION FOR A SECURITY EMPLOYEE LICENCE, I HEREBY AUTHORIZE AND CONSENT THAT:

The Registrar, Private Investigators and Security Agencies Act, and 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 Records Check and to determine whether or not I have a record through the Canadian Police Information Centre or Provincial Court System for any provincial and/or federal charges before the courts, convictions or non-convictions information, conditional or absolute discharges by a court, probation orders, peace bonds, restraining orders, wants, warrants, prohibitions, refusal of a firearm etc.
- To provide a copy of any record, investigation report or record of proceedings found, to the Registrar, and To use any collected records, reports or personal information for purposes of adjudications or appeals in connection with this licence application, and

- I HEREBY AGREE THAT, if a licence is granted by the Registrar pursuant to this application,
 This authorization and consent by me shall remain in force for the duration of the period for which such licence is issued, and
 - I will promptly report to my employer and 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 portions of this application form, and
- The information set out by me in this application is true and correct to the best of my knowledge and belief, and

I FURTHER ACKNOWLEDGE THAT

Section 10 of the Private Investigators and Security Agencies Act states that a person must not engage in employment as a security employee or hold himself or herself out to be so employed unless the person holds a valid security employee licence in his or her sion for the type of work performed.

20 MARCH 2007 (Signature of Applicant) I hereby certify that this applicant is considered a suitable person for employment with our security business, and I can certify that this application has been completed accurately. Sins (Signature of Security Business Representative) (Security Business Representative Name)

FORM #SPDO100 11 (AFT) 356 (AFT)

Page 2 of 2

P.05



Ministry of Public Safety and Solicitor General

Police Services Division

Security Programs PO Box 9217 Stn Prov Gov't Victoria BC V6W 9J1 Telephone: (250) 387-6981 Facsimile: (250) 387-4454

APPLICATION FOR A SECURITY EMPLOYEE LICENCE

PART 1: TO BE COMPLETED AND SIGNED	EY BUSINESS	REPRESE	TATIVE -		
Business Licènce #: Business Name				Business Tele	phone:
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TYPE AND CATEGORY OF LICENCE	Children Control				100
TYPE:	Lapsed Licence	TRenev	val Re-iss	ue (Lost or Stolen L	icence) -,
Has applicant held previous security emplo	yee Ilcence?			·	en a sprope by
CATEGORY:	895	opiry Date	007/02	<i>U</i> 3	
Security Patrol	Alarm Serv			rity Consultant	
Private Investigator Private Investigator Under Supervision	Alarm Serv		upervision		
Locksmith	Alam Mon				
☐ Lacksmith Under Supervision	☐ Alarm Res	STREET, STREET			
PART 2: 10 BE COMPLETED AND SIGNED	BY THE APPL	CANT (Floa	se Print)		144
Surname:	First Name	The second section is a second		Middle Name:	
VAN TASSELL	IL STEVE	<u> </u>		DALE	
Former Name: Alas, Malden Name, Etc. 1	late of Birth:	ear/Month	/_Dav	Gender:	
	s.22			Male Female	
Nationality: s.22	P	ace of Birth	Cinclude City / To	own, Province / State, Co	ountry)
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Residential Address: Reduce Street, Act No., City	or Tour Decimes 5	lectal Code)			1
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Education and Training:	·				
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8 W 18 W 5 W					
Question 1-Do you presently hold a position No Yes, what position do you hold?	n with Reace Of	ficer status	(this does not in	clude Security Patrol fle	id):
Police Officer Auxiliary/Reserve Police	Officer Sheri	F Correc	tions Officer !	Other:	11111W Nr
Restrictions for emcloyment may epply for cartain categori				\$	*
Question 2-Have you ever been treated for a	Mental Condit	ion?			
	s.22				

FORM #SPD0100 (11/2005 - PSSG 05-078)

Page 1 of 2

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Question 3 - Have you'been charged with a crime under the law of any country, province or state (including the Criminal Code of Canada and the Youth Criminal Justice Act and Controlled Drugs and Substances Act)? You must inform this office if you have previously been charged with a crimo, regardless of the eventual outcome of the trial. This includes where a stay of proceedings was entered. This also includes situations where the court has granted a conditional or absolute discharge or where you have entered into a restraining order or peace bond. Do you have any charges pending?

s.22

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- To conduct a Criminal Records Check and to determine whether or not I have a record through the Canadian Police Information Centre or Provincial Court System for any provincial and/or federal charges before the courts, convictions or non-convictions information, conditional or absolute discharges by a court, protection orders, peace bonds, restraining orders, wants, warrants,
- To provide a copy of any record, investigation report or record of proceedings found, to the Registrer, and To use any collected records, reports or personal information for purposes of adjudications or appeals in connection with this licence application, and

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I FURTHER ACKNOWLEDGE THAT

Section 10 of the Private Investigators and Security Agencies Act states that a person must not engage in employment as a security employee or hold himself or herself out to be so employed unless the person holds a valid security employee licence in his or her passession for the type of work performed.

agrel teven Van (Signature of Applicant)

as June 2007

PARTS: THE EMPLOYER

I heraby certify that this applicant is considered a suitable

this application has been completed accurately. Q COLOT ALL Business Representative Names

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FORM #SPD0100 (11/2005 - PSSG 05-078)

Page 2 of 2

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BRITISH	Ministry of P and Solicitor			PO Box 9	Programs 217 Stn Prov Gor C V8W 9J1	v't
COLUMBIA	Police Service	ces Division		Telephor	ne: (250) 387-698 e: (250) 387-4454	
	APPLICATION	N FOR A SEC	URITY EMPLOY	EE LICENC	E	
ART1 TO BE COMP	LETED AND SIGN	IED BY BUSINI	SS REPRESENT	ATIVE		
Business Licence #:	Business Na	me (Name on E	Business Licence	:	Business Telep	hon
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Surname: Van Tassell		Steven	u	1 -	D.	
	siden Name, Etc:	The second secon	year / Month / I		Gender: ☑ Male ☐ Female	-
Former Name: Alias. Ma						
Nationality:	.22		Place of Birth:	E	own, Province / State, Co.	untry
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oordinator, Security Programs, (250)(3	questions regarding the confector and ose of this undimation, contact the Precoon of Information 57-6981.
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	APPLICATION FOR A SECURITY EMPLOYEE LICENCE,
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Or agency requested to do so	
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HEREBY CERTIFY THAT	
 I have read and understand. 	all portions of this application form, and
The information set out by m	in this application is true and correct to the best of my knowledge and belief, and
FURTHER ACKNOWN SOCIETY	M)
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employee or hold himself or	herself out to be so employed unless the person holds a valid security employee licence in his or her
possession for the type of w	ork performed.
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iture of Applicant)	(Date)
S THE EMPLOYER	
by certify that this applicant is cor	isidered a suitable person for employment with our security business, and I can certify to
oplication has been completed acc	urately.
M. Back	2008/02/14
urily Business Representative Name)	(Signature of Security Business Representative) (Date)
M #SPDO100 (11/2005 - PSSG 0	5-078) Page 2 of

P.10/12

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Application for RENEWAL of Security Worker Licence – With Changes Before applying, read, understand and be able to comply with all requirements as set out under the

Before applying, read, understand and be able to comply with all requirements as set out under the Security Services Act and outlined in the Security Industry and Licensing website www.pssg.gov.bc.ca/securityindustry

USE THIS LONG FORM to renew your licence if you have new information or updates to report to the Registrar. If you have no changes to report, use the shorter form, Application for Renewal – No Changes (#SPD0504). Download the guide, "Getting and Keeping your Security Worker Licence" for assistance in completing the form(s), and download other forms from our website.

If your licence is NOT current - it has EXPIRED - you may not apply for renewal. Use Application for a New Security Worker Licence

PART 1: FEES & TERMS		
	eque or money order	g Authorized Credit Card Usage form SPD0508) 🚾 🔯
TERM OF LICENCE & RENEWAL FEE: [2]	One Year (\$68) Two Year (\$120)	☐ Three Year (\$180) ☐ 90-days (\$60)
BUSINESS: Are you the owner/operator of a S	LATE 120 Sole Proprietorship Security Business?	No ☐ Yes
If yes, and your security business	licence is current, enter the licence number	r here: # to waive this fee.
PART 2: APPLICATION DETA	AILS.	TOTAL ENCLOSED: \$ 120
APPLICATION TYPE: ☑ Renewal of Cur	rent Security Worker Licence # #E3589	95 Expiry date: 09/03/25
LICENCE TYPE: (check off all types you wis		
☐ Armoured Car Guard	☐ Closed Circuit Television Installer	☐ Security Consultant
 Security Alarm Installer - under supervision 		Security Guard - under supervision
Security Alarm Installer	 Locksmith - under supervision 	This is a 90-day licence type, if you have held this before, you may not renew but you may apply for his Security Guera locance using the form. Updation Full Licence, #SPID519, which does not require y to resent information already sent to the Registrat.
Segrity Alarm Monitor	Locksmith	full Security Guard loance using the form, Updatin Full Licence, #SPD0519, which does not require y
Security Alarm Sales	 □ Private Investigator - under supervis □ Private Investigator 	Io resend information already sent to the Registral. Security Guard
Security Alarm Response 2		Security Straid
PART 3: APPLICANT INFORM	ATION	
Name Isamanaj Van Tassell	(Legal Given) Steven	(Mdde) DALE
The name entered above is the same as recorded	previously	
If the name entered above has been legally change	 I have attached documentation proving my name 	e has been legally changed to:
New Name Surname So	(Legal Giver.)	(Mdfe)
DO 09 mis		
Citizenship: Lives Born in Canada and	have previously submitted to the Registrar a d	opy of my birth certificate \
	d have not previously submitted a copy of my bi	로 있다면 하다면 보이다면 가장 사람이 있다면 되었다면 보통하는 것 같습니다. 그 그 사람들은 보통하는 것 없는 사람들은 사람들은 사람들이 되었다. 그 그 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
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	Registrar when I initially applied for my security but I am legally entitled to work in Canada as	\$100 (\$40) (\$50) \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$1
my current work permit		and expires:
or my current study perm		and expires:
Physical Description: this information will appear on y	our lectice - you may update this information if applicable)	
Height (numbers or cms): S.22 Weight (its		- 00
Gender: ☑ male ☐ female	Eye Colour:	s.22
Residential Address: (your address will not appear on	your licence - please complete this field if it has channel from	n what is on your seconds held by the Recistrari
Street Address	CbyTown: s.22	Province: BC Postal Code: S.22
Home Phone. (S.22 .	E-mail: S.22	
		e-mail address when the original licence is mailed to me.
Mailing Address: If you have a mailing address licence mailed to your employer, provide that mailing	like a PO Box number) that is different than you g address below:	ir residential address, or you would rather have your
Concord Security, #400, 57	O Granville Street, Vancou	ver, BC V6C 3P1
Photograph (this photo will appear on your license - it is ont I have <u>attached</u> a passport-quality photo of	ional ∞ send in a photo upon renewal, but is mandatory that γ of myself that has been taken within the last 12 m	
FORM #SPD0505	Petitorian in Calculate the Participation of the State of the Calculate Company of the Calculate	Ministry of Public Safety and Solicitor General
PSSG08-022 (10/2008)	Policing and Community Safety	Branch, Security Programs and Police Technology Division
	, was ig and community objety	PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1
Phone: (250) 387-6981 (if outsi	de 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

9.4	Education and Training Certification: You do not have to prove education and training for any it. se type currently shown on your licence — only provi. scumentation for licence type(s) you are adding upon with this renewal application. (If applying for any security worker licence type 'under supervision', proof of qualifications/experience is not needed. Full information on training and documentation can be found in the guide, "Getting and Keeping your Security Worker Licence." Security Alarm Installer — copy of Certificate of Qualification granted by the Industry Training Authority is attached. Security Alarm Monitor, Sales or Response — no training or supporting documentation required. Armoured Car Guard — copy of firearm certificate Authorization to Carry (ATC) is attached. ATC expiry date is (yearmonthiday)
	Close Circuit Television Installer — no training or supporting documentation required
	☐ Electronic Locking Device Installer — no training or supporting documentation required
	□ Locksmith — □ copy of Certificate of Qualification is <u>attached</u> ; or □ supporting documentation of my experience is <u>attached</u> .
	Private Investigator — all supporting evidence of my training and experience is attached.
	Security Guard — copy of Basic Standards Training 1 & 2 Certificate is attached.
	Security Consultant — all supporting evidence of my training and experience is <u>attached</u> .
	POLICE Officer Status: Are you currently a paid member of a police force, a special municipal constable or a special provincial constable as defined in the Police Act? On one yes (if yes, you may NOT hold a security worker licence and this application will not be accepted.) Are you a volunteer auxiliary or reserve constable? One yes, I have attached letter from superior officer. (if letter provided to Registrar
	previously, you do not have to provide another now.) PEACE Officer Status:
	(For definition of Peace Officer for the purposes of this application, refer to the Security Industry and Licensing website — "Definitions" is found under Resources on the front page. Refer to the guide "Getting and Keeping your Security Worker License" as well regarding attachment. Some who hold a position with Peace Officer status may not be licensed.) Do you presently hold a position with Peace Officer status? no yes If yes, indicate below what position you hold AND attach a letter from your superior. (if letter was provided to Registrar previously, you do not have to provide another now.)
	☐ Sheriff/Deputy Sheriff ☐ Corrections Officer ☐ Court-appointed Bailiff ☐ Other: (describe)
	Criminal History: Do you have a criminal record? s.22
Š	Mental Condition Have you been treated for a mental condition? \$.22
ž	If yes, you must attach the Mental Condition Form (SPD0511) completed by your physician.
S	.0 S.S.
3	
ott. tipliv pag as	CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE SECURITY SERVICES ACT and CONSENT TO CRIMINAL RECORD CHECK I herefor consent to the Registrar carrying out a criminal record check, police information check and correctional service information check on me and the set the copy of my fingerprints for that purpose. This consent will remain in effect for the duration of the period for which this licence is
30	valido = 5
	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.
	I hereby consent to my licence information (i.e., licence number, type, issue and expiry date and licence status) be available for viewing.
	I HEREBY CERTIFY THAT I have read and understand all portions of this application form and the information set out by me in this application is true and correct to the best of my knowledge and belief. I have read and understand the Security Services Act and Regulations; and I am aware of and understand the conditions that will be placed on me as a licensee.
- 1	Applicant's Signature: Date Signed: 24 MARCH 09
L	Applicants signature.
SANSON AND AND AND AND AND AND AND AND AND AN	NOTE: A Security Worker Licence does not allow the operation of a Security Business without a valid Security Business Licence.
2	NEXT STEPS: This form must be signed and dated. Remember to keep a copy for your records.
1	Required Documentation: refer to the guide, Getting and Keeping your Security Worker Licence guide for information on the documentation that must be enclosed with your completed renewal application form.
4.50	Payment: Full payment must be submitted before processing can begin
Action with the service	 Credit Card Payments: complete and attach Authorized Credit Card Usage form SPD0508 Bank Certified Cheque or Money Order - make payable to the Minister of Finance (Personal chaques are not accepted - Do Not Send Cash) Allow 15 business days to process your renewal application. If you do not receive your licence or have not been contacted by Security Programs and Police Technology Division within the 15 days, please contact us.

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, please contact 250 356-1501.

Page 39 redacted for the following reason: s.22



Application for a RENEWAL of Security Worker Licence — With Changes Before applying, read, understand and be able to comply with all requirements as set out under the Security Services Act and outlined in the Security Industry and Licensing website www.pssg.gov,bc.ca/sccurityIndustry

USE THIS LONG FORM to renew your licence if you have new information or updates to report to the Registrar. If you have

Keeping your Security	Worker Licence" for assis	stance in completi	ng the form(s), and do	wnload other form	ns from our web	site.	
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FORM #SPD0505 PSSG08-022 (10/2008)			ing and Community Safe	ty Branch, Security	217 Stn Prov Gov	lice Technology t, Victoria BC	y Division V8W 9J1

Page 40 JAG-2013-00758

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POLICE Officer Status: Are you currently a paid member of a police force, a s in the police fo	ld a security worker licence and th	is application will not l ad letter from super	be accepted.)	vidad to Registrar
PEACE Officer Status: (For definition of Feece Officer for the purposes of this application Refer to the guide "Setting and Keeping your Security Worker Lie Do you presently hold a position with Peace If yes, indicate below what position you hold AA Sheriff/Deputy Sheriff Corrections Off Criminal History: Do you have a criminal record? Mental Condition: Have you been treated for a If yes, you must attach the Mental Condition.	rence's well regarding attigorment. S Officer status? In no In the status of the statu	ensing vrebsko — "Defin ioma who hold a posison I yes erior. (if letter was pr iff I Other: (dascrit	tilons" is found under Reso with Peace Officer status ovided to Registrar previ have to pro	surces on the front page. may not be licensed.)
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I understand that, as a result of the checks, the Registinformation to assess good character.	trar may require further informal	ion from me includi	ng copies of all crimina	al proceedings or
I hereby consent to my licence information (i.e., licence	e number, type, issue and explr	y date and licence s	tatus) be available for	viewing.
I HEREBY CERTIFY THAT I have road and understand true and correct to the best of my knowledge and beli and understand the conditions that will be placed on a Applicant's Signature.	of. I have read and understand me as a licensee.	the Security Service		and I am aware of
Applicant's Signatures 1000 101		Date Signed:	a lawch at	210
NOTE: A Security Worker Licence does not allow	v the operation of a Security	Business without	a valid Security Bus	iness Licence.
NEXT STEPS: This form must be signing an enclosed with your completed renewal application form. Payment: Full payment must be submitted before process - Credit Card Payments: complete and attach Authorize - Bank Certified Cheque or Money Order - make payabl Allow 15 business days to process your renewal appliand Police Technology Division within the 15 days, ple	sing can begin d Credil Card Usage form SPD05 e to the Minister of Finance (Perceive you	tion wise for information to the control of the con	nation on the documents of accepted - Do Not Se	end Cash)

ISCLOSURE: 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 amply 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, please contact 250 356-1501.

Page 42 redacted for the following reason: s.22



Application for a RENEWAL of Security Worker Licence — With Changes Before applying, road, understand and be abla to comply with all requirements as set out under the Security Services Act and outlined in the Security Industry and Licensing website www.pssg.gov.bc.calsecurityIndustry

USE THIS FORM to renew your licence if you have new information or updates to report to the Registrar. If you have no changes to report, use the shorter form, Application for Renewal – No Changes (#SPD0504). Download the guide, "Celling and Keeping your Security Worker Licence" for assistance in completing the form(s), and download other forms from our website. It is important that you use the correct form (see Guide and Forms page of the website for clear descriptions of each form).

PART 1: FEES	& TERMS								
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Page 43 JAG-2013-00758

Photograph this photo wat appear on your ficence - it is optional to send in a photo upon coneval, but is mandalory that your photo on your scenes to updated every firm years). No Yes a passport-quality photo of myself that has been taken within the last 12 months is effected for printing on my licence.
Experience, Education and Training: Full information on training and documentation you may have to provide can be found on the Security Industry and Legacing web-ble and in the guide. "Getting and Keeping your Security Worter Licence."
 Security Alarm Installer — altach copy of Certificate of Qualification (recognition credentials) of treining or proven experience granted
by the Industry Training Authority Armoured Car Guard — attach copy of Authorization to Carry (ATC) a restricted firearm. plus a copy of all supporting evidence of my training and experience is attached.
 plus a copy of ell supporting evidence of my treining and experience is <u>attected</u>. Locksmith — In attach a copy of Certificate of Qualification or In attach documentation supporting your two years of experience.
 Private investigator — attach all supporting evidence of training and experience
Security Guard — attach copy of Basic Security Training Cardificate
 Security Consultant — attach all supporting evidence of training and experience USE OF DOGS — If you have requested authorization to use dags for accurity work purposes, you must ottach your current Validation Certificate
 USE OF RESTRAINTS—If you have remissed outhorization to use restraints for security work purposes, attach Certificate of Advanced Security Training
Those licence types DO NOT need training and/or experience, therefore, no supporting documentation is required. Socurity Alarm Moniton Sales or Response * Security Alarm Installer Under Supervision * Locksmith Under Supervision
Closed Circuit Television Installer • Electronic Locking Device Installer • Private Investigator Under Supervision • Body Armour Salas
POLICE Officer Status: answer 'yes' or 'no' to the following questions and follow corresponding instructions.
No Yes, I am currently a member of a police force as defined in the Police Act.
If yes, as indicated in the 'Guilde', you may NOT hold a security worker licence and this application will NOT be accepted. No Yes, I am a volunteer auxiliary or reserve constable.
If yos, attach the confirmation letter from your superior officer (see the "Pre-Risquirements" in the 'Guida' for details on what must be in the fullor).
No D Yes, I am retired from the police force — listed as member for administrative purposes only
if yes, allach the confirmation letter from your superior officer (see the "Pro-Requirements" in the "Guide" for details on what must be to the feller).
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☐ Shertif/Deputy Shertiff ☐ Corrections Officer ☐ Court-appointed Battiff ☐ Special Provincial or Municipal Constable
Criminal History: Do you have a criminal record? S.22
Mental Condition: Have you been freeled for a mental condition? S.22 If yos, you must attach the Mental Condition Form (SPD0511) completed by your physician.
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CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE SECURITY SERVICES ACT and CONSENT TO CRIMINAL RECORD CHECK
I hereby concent to the Registrar carrying out a criminal record check, police information check and correctional service information check on me and to use the copy of my fingesprints for that purpose. This consent will remote in effect for the duration of the period for which this ficance is valid.
I understand that, as a result of the checks, the Register may require france information from no including copies of all criminal proceedings or information to assess good character.
I hareby consent to my license information (i.e., license number and license status) be available for visiting.
I HEREBY CERTIFY THAT I have read and understand all portions of this application form and the information set out by me in this application is true and correct to the best of my knowledge and belief. I have read and understand the Security
Services Act and Regulations; and I am awate of and understand the conditions that will be placed on me as a licensee.
Applicant's Signature: Stuten lan 6 Mal Date Signod: 201/03/21
NOTE: A Security Worker Licence does not allow the operation of a Security Business without a valid Security Business Licence.
NEXT STTP3: This form must be signed and dated. Remember to keep a copy for your records.
Required Documentation: refer to the guide, Gelling and Keeping your Security Worker Licence golds for information on the documentation that must be
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Credit Card Payments: complete and attach Authorized Credit Card Usage form SPD0508 Visit Real Cardin Cleans of Manual Cardin Cardin Card Usage form SPD0508 Visit Cardin Cleans of Manual Cardin Cardi
Bank Cartified Cheque or Money Order - make payable to the Minister of Finance (Personal chaques are not accepted - Co Not Send Cash) Allow up to 30 days to process your renewal application. If you do not receive your fleence or have not been contacted by Security Programs and
Police Technology Division within the 30 days, please contact us.

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, please contact 250 358-1591.

BRITISH COLUMBIA

Application for a NEW Security Worker Licence

Before applying, read, understand and be able to comply with all requirements as set out under the Security Services Act and outlined on the Security Industry and Licensing website www.pssg.gov.bc.ca/securityindustry

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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, toff-free 1-800-663-7867)
Fax: (250) 387-4454 E-mail: sgspdsec@gox.bc.ca Security Industry and Licensing website: www.pssg.gov.bc.ca/security/industry

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HEREBY CERTIF	Y THAT I have read a	and understand all por	tions of this and	lication form and	the information	set out by me in thi	s application is
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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, please contact 250 356-1501.

Page 47 redacted for the following reason: s.22



Application for a RENEWAL of Security Worker Licence – With Changes

Before applying, read, understand and be able to comply with all requirements as set out under the Security Services Act and outlined in the Security Industry and Licensing website www.pssg.gov.bc.ca/security/industry

USE THIS LONG FORM to renew your licence if you have new information or updates to report to the Registrar. If you have no changes to report, use the shorter form. Application for Renewal – No Changes (#SPD0504), Download the guide, 'Getting and Keeping your Security Worker Licence' for assistance in completing the form's), and download other forms from our website. It is important that you use the correct form (see Guide and Forms page of the website for Sear descriptions of each form).

er of Finance
XOT SEND CASH. Personal Cheques not accepted. ☐ Three Year (\$190) If (\$120) ☐ Two Year (\$190) ☐ Three Year (\$240) Ring: Identity nor Corporation).
TOTAL ENCLOSED: \$ 60.00
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I was not born in Canada but have obtained my Canadian orizenstrip. A copy of my valid Canadian Passport is affaiched

S.22 | Was not born in Counda, but I am legally entitled to work in Canada as proven by immigration, permanent resident or differenting documentation sent to the Registrar when I tribibly applied for my populity worker figence.

I was not born in Canada, but I am legally entitled to work in Canada as proven by my corrent work or study permit which is

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Contact Information: (your control information will not special on your free to)

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FORM #SPD0505 PSSG10-007 (07-2010)

Phone: 1

(check (

check [/] only one)

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, VSW 931

E-Mail Address S.22

Yes; send an electronic copy of my lecency be this sumail address when the original idence is marked to ma

Phone: (250) 387-5981 (ill outside Victoria call litrough Enquiry BC: Vancouver 604 550-2421) elsewhere in BC, b3/free 1-500-553-7567)
Fax: (251) 387-4454 E-mail: spspdsoc@goribcioa. Security Industry and Licensing website: www.pssg.gov.bcioa/security/industry

Phiotograph the phote will appear on your become it a coptional is send on a phote upon receivable to the international your phote conjugate describing on my technology. No	
Experience, Education and Training: Full information on training and documentation you may have to people can be found in the Security Industry and Licensing website and in the guide. "Getting and Keeping your Security Worker Licenses." Security Alarm Installer — attach copy of Certificate of Qualification (recognition credentiats) of training or proven experience granted by the Industry Training Authority Armoured Car Guard — attach copy of Authorization to Carry (ATC) is restricted firearm. But a copy of all supporting evidence of my training and experience is attached. Coloranth — attach all supporting evidence of training and experience. Private Investigator — attach all supporting evidence of training and experience. Security Guard — aboth copy of Basic Security Training Certificate. Security Consultant — attach all supporting evidence of training and experience. USE OF DOGS — if you have requested authorization to use cognitive recurrity work purposes, you must attach your current Validation Certificate. USE OF RESTRAINTS—If you have requested authorization to use restraints for security work purposes, attach Certificate of Advanced Security Training.	
 Security Alarm Installer — attach copy of Certificate of Qualification (recognition credentiats) of training or proven experience granted by the Industry Training Authority Armoured Car Guard — attach copy of Authorization to Carry (AYC) is restricted firearm	
Amounted Car Guard — attach copy of Authorization to Carry (ATC) a restricted firearm — plus a copy of all supporting endonce of my training and experience is attached. Liceksmith — attach a copy of Certificate of Quartication or — attach documenteed supporting your two years of experience. Private Investigator — attach all supporting endonce of training and experience. Security Guard — attach action copy of Basic Security Training Certificate. Security Gonsultant — attach at supporting endeance of training and experience. USE OF DOGS — if you have requested authorization to use dogs for security work purposes, you must attach your current Validation Certificate. USE OF RESTRAINTS—If you have requested authorization to use restraints for security work purposes, attach Certificate of Advanced Security Training.	
 Léoksmith — ☐ attach a copy of Certificate of Quartication or ☐ attach documentation supporting your two years of experience Private Investigator — attach all supporting evidence of training and experience Security Guard — attach accepted facilities of training and experience Separity Consultant — attach as supporting evidence of training and experience USE OF DOGS — If you have requested authorization to use dogs for security work purposes, you must attach your current Validation Certificate USE OF RESTRAINTS—If you have requested authorization to use restraints for security work purposes, attach Certificate of Advanced Security Training 	
 Security Guard — attach copy of Basic Security Training Certificate Separity Consultant — attach at supporting evidence of training and experience USE OF DOGS — If you have requested authorization to use dogs for security work purposes, you must attach your current Varidation Certificate USE OF RESTRAINTS—If you have requested authorization to use restraints for security work purposes, attach Certificate of Advanced Security Training 	
 Separity Consultant — attach at supporting evidence of training and experience USE OF DOGS — If you have requested automization to use dogs for security work purposes, you must attach your current Validation Certificate USE OF RESTRAINTS—If you have requested authorization to use restraints for security work purposes, attach Certificate of Advanced Security Training 	
 USE OF RESTRAINTS—If you have requested authorization to use restraints for security work purposes, attach Certificate of Advanced Security Training 	
These licence types DO NOT need training and/or experience, therefore, no supporting documentation is required.	3 10
 Security Alarm Monitor, Sales or Response - Security Alarm Installer Under Supervision - Locksmith Under Supervision Closed Circuit Television Installer - Electronic Locking Device Installer - Private Investigator Under Supervision - Body Armour Sales 	
POLICE Officer Status: answer 'yos' or 'no' to the following questions and follow corresponding instructions.	23
No Yes, I am currently a member of a police force as defined in the Police Act.	
if yes, as indicated in the 'Guide', you may NOT hold a security worker licence and this application wit NOT be accepted.	
☑ No ☐ Yes, I am a volunteer auxiliary or reserve constable. If yes, altach the confirmation letter from your superior officer (see the "Pré-Réquirements" in the "Guide" for details on what must be in the tents. If yes, altach the confirmation letter from your superior officer (see the "Pré-Réquirements" in the "Guide" for details on what must be in the tents. If yes, altach the confirmation letter from your superior officer. If yes, altach the confirmation letter from your superior officer. If yes, altach the confirmation letter from your superior officer. If yes, altach the confirmation letter from your superior officer. If yes, altach the confirmation letter from your superior officer. If yes, altach the confirmation letter from your superior officer. If yes, altach the confirmation letter from your superior officer. If yes, altach the confirmation letter from your superior officer. If yes, altach the confirmation letter from your superior officer. If yes, altach the confirmation letter from your superior officer. If yes, altach the confirmation letter from your superior officer. If yes, altach the confirmation letter from your superior officer. If yes, altach the confirmation is the confirmation of the confirmation is the confirmation of the confirmation is the confirmation of the	0.
☑ No ☐ Yes, I am retired from the police force — listed as member for administrative purposes only	
if yes, attach the confirmation letter from your superior officer (see the "Pre-Requirements" in the Guide for details on what must be in the letter	91.
PEACE Officer Status: answer yes or no to the following No Yes I presently hold a position with Peace Officer status.	
If yes, check next to the box below that identifies the position do you hold AND attach the confirmation letter from your supplifies (see the *Pre-Requirements* in the 'Guide' for details on what must be in the letter).	erior
☐ Sheriff Deputy Sheriff ☐ Corrections Officer ☐ Court-appointed Sairiff ☐ Special Provincial or Municipal Constable	
Criminal History: Do you have a criminal record? S.22	
Mental Condition: Have you been treated for a mental condition?	
If yes, you must attach the Mental Condition Form (SPD0511) completed by your physician.	
CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE SECURITY SERVICES ACT and CONSENT TO CRIMINAL RECORD CHECK	٦
Thereby consent to the Registrar carrying out a commain record check, police information check and correctional service information check on me and to use the copy of my fine-prices for this purpose. This consent wit remain in effect for the curation of the period for which this Dennec 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.	
1 tereby consent to my Lornes information (i.e., licence number and licence status) be available for viewing.	
LHEREBY CERTIFY THAT I have read and understand all portions of this application form and the information set out by	
me in this application is true and correct to the best of my knowledge and belief. I have read and understand the Security Services Act and Regulations; and I am aware of and understand the conditions that will be placed on me as a licensee.	
Applicant's Signature: Study On Tarry Date Signed: MARCH 04, 0013	
Applicants digitative. — 1884 Color (Crasses II)	_
NOTE: A Security Worker Licence does not allow the operation of a Security Business without a valid Security Business Licence	
NEXT STEPS: This form must be signed and dated. Remember to keep a copy for your records.	
Required Documentation: refer to the guide, Getting and Keeping your Security Worker Licence guide for information on the documentation that must be	
anclosed with your completed renewal application form. Payment: Full payment must be submitted before processing can begin	
Credit Card Payments: complete and attoch Authorized Credit Card Usage form SP00508 Bank Certified Chagge or Money Order - make payable to the Minister of Finance (Personal chagges are not accepted - De Not Send Cost).	
Allow up to 30 days to process your renewal application. If you do not receive your ficence or have not been contacted by Security Programs a Police Technology Division within the 30 days, please contact us.	nd

OISCLOSURE: All information regarding this application is colored 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 colorida or use of this information, please contact 250 356-7501

Page 50 redacted for the following reason: s.22