



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

Do Not Use this form if: - 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

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: ☒ bank-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

TERM OF LICENCE & FEE: ☐ 90 Days (\$60) ☒ One Year (\$120) ☐ Two Year (\$180) ☐ Three Year (\$240)

I am the owner and operator of a Sole Proprietorship Security Business (not a Partnership nor Corporation). ☒ No ☐ Yes

If yes, complete the following two fields and enter \$0 in the 'Total Enclosed' box below:

Current Security Business Licence # _____ Expires on: (year/month/day) _____

PART 2: APPLICATION DETAILS

TOTAL ENCLOSED: \$ 120

APPLICATION TYPE: ☒ New 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)

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

PART 3: APPLICANT INFORMATION

Legal Name: (Surname) DOBBIE (Given) ROBERT (Middle) GEORGE

Additional Name(s) (alias, maiden name, etc.): (Surname) _____ (Given) _____ (Middle) _____

Date of Birth: (year/month/day) _____ s.22 Gender: ☒ Male ☐ Female

Citizenship: I was born in Canada—attached is a clear copy of my birth certificate or valid Canadian Passport.

(check ☒ one) s.22 I was not born in Canada but now have citizenship—attached is a copy of my valid Canadian Passport or Citizenship Certification Card.

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/month/day) _____

Photo Identification: One clear copy of your photo ID is required - it must be current. Check off the type you are attaching:

- (check ☒ one) ☒ Driver's Licence ☐ Passport ☐ BCID ☐ Canadian Firearms Licence
☐ Canadian Permanent Resident Card ☐ Canadian Native Status Card (must have photo)

Physical Description: (this information will appear on your licence) Height (ft/inches or cms): _____ s.22 Weight (lbs or kgs): _____ s.22

Hair Colour: _____ s.22 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, 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

Contact Information: (your contact information will not appear on your licence)

Residential Address: Apt.# _____

s.22

City/Town: _____

s.22

Province: BC

Postal Code: _____

s.22

Mailing Address: If your mailing address is different than your residential address, please provide it below:

Phone: _____

s.22

E-Mail Address: _____

s.22

☒ Yes, send an electronic copy of my licence to this e-mail address when the original licence is mailed to me.

Photograph (this photo will appear on your licence): ☒ I have attached a passport-quality photo of myself that has been taken within the last 12 months.

Experience, Education and Training Certification: Full information on training and documentation you have to provide can be found on the Security Industry and Licensing website and in the guide, "Getting and Keeping your Security Worker Licence".

- Security Alarm Installer — attach copy of Certificate of Qualification (recognition credentials) of training or proven experience granted by the Industry Training Authority
- Armoured Car Guard — attach copy of valid Authorization to Carry (ATC) a restricted firearm
... plus attach a copy of all supporting evidence of training and experience
- Locksmith — a copy of Certificate of Qualification or attach documentation supporting your two years' experience
- Private Investigator — attach all supporting evidence of training and experience
- Security Guard — attach 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 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

These licence types DO NOT need training and/or experience, therefore, no supporting documentation is required.

- Security Alarm Monitor, Sales or Response • Security Alarm Installer Under Supervision
- Closed Circuit Television Installer • Electronic Locking Device Installer • Private Investigator Under Supervision

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 'Guide', 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 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).

☐ No ☐ Yes, I am retired from the police forces — 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).

PEACE Officer Status: answer 'yes' or 'no' to the following ...

☐ No ☐ Yes ... I presently hold a position with Peace Officer status.

... if yes, indicate below what position do you hold AND attach the confirmation letter from your superior officer (see the "Pre-Requirements" in the 'Guide' for details on what must be in the letter).

☐ Sheriff/Deputy Sheriff ☐ Corrections Officer ☐ Court-appointed Bailiff ☐ Special Provincial or Municipal Constable

Mental Condition:

s.22

... if yes, attach the Mental Condition Form (#SPD0511) completed by your physician.

Criminal History:

s.22

**CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE SECURITY SERVICES ACT
and CONSENT TO CRIMINAL RECORD CHECK**

I hereby consent 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 fingerprints for that purpose. This consent will remain in effect for the duration of the period for which this licence is valid.

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

I hereby consent to my licence information (i.e., licence number and licence status) being 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.

Applicant's Signature: Robert Dobbie

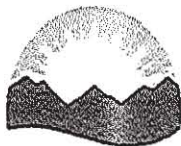
Date Signed: May 25/2011

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

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.

Pages 3 through 4 redacted for the following reasons:

s.22



BRITISH
COLUMBIA

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

P15 142413



Request for FINGERPRINTING under the Security Services Act

Applicant Full Legal Name: (Surname) NORBIE (Given) ROBERT (Middle) GEORGE

Address: _____

s.22

Date of Birth: (year/month/date)

s.22

Gender: ☒ Male ☐ Female

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

TO BE READ BY THE APPLICANT REQUESTING FINGERPRINTING:

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

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

The Registrar, Security Services Act, and/or

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

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

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

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

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

I HEREBY CERTIFY THAT:

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

Applicant SIGNATURE: Robert Norbie

DATE of Signature: 2011/05/24

(year/month/date)

Accepted Fingerprinting Agencies:

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

DISCLOSURE

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

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

Ministry of Public Safety and Solicitor General

Policing and Community Safety Branch, Security Programs and Police Technology Division

PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1

Phone: (250) 387-6981 (if outside Victoria, call through Enquiry BC: Vancouver 604 660-2421 / elsewhere in BC, toll-free 1-800-663-7867)

Fax: (250) 387-4454 E-mail: sgspdsec@gov.bc.ca Security Industry and Licensing website: www.pssg.gov.bc.ca/securityindustry

FORM #SPD0507 (PSSG10-007 03/2010)

FINGERPRINTING AGENCY:

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

The Registrar, Security Programs and Police Technology Division,

PO Box 9217 Stn Prov Govt,

Victoria BC V8W 9J1

DO NOT return the fingerprints to the applicant.



Registrar, Security Services Act

Applicant Full Legal Name: (Surname): DOBBIE (Given Name): ROBERT (Middle): GEORGE

Applicant's Date of Birth: (year/month/day): s.22

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): A. Broecker

Date Fingerprinted: (year/month/day) 2011/5/24

FORM #SPD0507

CONFIRMATION OF FINGERPRINTS

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

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

Applicant Full Legal Name: (Surname): DOBBIE (Given Name): ROBERT (Middle): GEORGE

Date of Birth: (year/month/day) s.22

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): A. Broecker

Date Fingerprinted: (year/month/day) 2011/5/24

FORM #SPD0507 (PSSG08-022 06/2009)

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 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. 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

PAYMENT BY: ☐ bank-issued certified cheque or money order made payable to the Minister of Finance
☒ credit card (using Automatic Credit Card Usage form SPD0504) ☐ DO NOT SEND CASH. Personal Cheques not accepted.

TERM OF LICENCE & RENEWAL FEE: Schedule A: ☒ One Year (\$50) ☐ Two Year (\$120) ☐ Three Year (\$180)
Schedule B: ☐ Short-term, 90 days (\$60) ☐ One Year (\$120) ☐ Two Year (\$180) ☐ Three Year (\$240)

...if you are a SECURITY BUSINESS OWNER/OPERATOR answer 'yes' or 'no' to the following:

☒ No ☐ Yes ... 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.

Current Security Business Licence # _____ Expires on: (year/month/day) _____

PART 2: APPLICATION DETAILS

TOTAL ENCLOSED: \$ **60.00**

APPLICATION TYPE: ☒ Renewal of Current Security Worker Licence # _____ Expiry date: _____

LICENCE TYPE: (check off only the types you are qualified for and wish to have on your renewed licence, including the type you hold now if still applicable.)

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

DOGS and RESTRAINTS: (answer 'no' or 'yes' to the following ... 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.

PART 3: APPLICANT INFORMATION

You must answer/complete all sections.

CURRENT Name: (Surname) **DOBIE** (Given) **ROBERT** (Middle) **GEORGE**

(check ☒ one) ☒ The name entered above is the same as recorded previously with the Registrar

☐ The name entered above is different than the one previously provided to the Registrar. I have attached documentation proving my name has been legally changed from: (Surname) _____ (Given) _____ (Middle) _____

Date of Birth: (month/day/year) **s.22** Gender: ☒ Male ☐ Female

Citizenship: I was born in Canada. If I have not previously submitted to the Registrar a copy of my birth certificate or Canadian Passport, it is attached

(check ☒ one) **s.22** I was not born in Canada but have obtained my Canadian citizenship. A copy of my valid Canadian Passport is attached

s.22 I was not born in Canada, but I am legally entitled to work in Canada as proven by immigration, permanent resident or citizenship documentation sent to the Registrar when I initially applied for my security worker licence.

I was not born in Canada, but I am legally entitled to work in Canada as proven by my current work or study permit which is numbered: # _____ and expires: (year/month/day) _____

Physical Description: (this information will appear on your licence - you may update this information if applicable)

Height (inches or cm): **s.22** Weight (lbs or kg): **s.22** Hair Colour: **s.22**
Eye Colour: **s.22**

Contact Information: (your contact information will not appear on your licence)

Residential Address: Apt # _____ Street Address _____ **s.22**
City/Town: _____ Province: **BC** Postal Code **s.22**

Mailing Address: If you require a mailing address (e.g. a PO Box number) or a different address from your residential address, please provide it below.

Phone: **s.22** E-Mail Address: **s.22**

(We will send you an approved copy of this licence to the address you provide. We will not send the original licence to any other address.)

FORM #SPD0505
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) 387-6361 (if outside Victoria, call through Enquiry BC: Vancouver 604 660-2421 / elsewhere in BC, toll-free 1-800-663-7667)
Fax: (250) 387-4454 E-mail: sgspds@pssg.gov.bc.ca Security Industry and Licensing website: www.pssg.gov.bc.ca/securityindustry

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JAG-2013-00758

Photograph (this photo will appear on your licence - it is optional to send in a photo upon renewal, but is mandatory that your photo on your licence be updated every five years):

☒ No ☐ Yes ... a passport-quality photo of myself that has been taken within the last 12 months is attached for printing on my licence.

Experience, Education and Trainings: Full information on training and documentation you may have to provide can be found on the Security Industry and Licensing website and in the guide, "Getting and Keeping your Security Worker Licence."

- Security Alarm Installer — attach copy of Certificate of Qualification (recognition credentials) of training 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.
- Locksmith — ☐ attach a copy of Certificate of Qualification or ☐ 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 Certificate
- Security Consultant — attach all 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

These licence types DO NOT need training and/or experience, therefore, no supporting documentation is required.

- 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 '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 'Guide', 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 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).

☒ 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).

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 superior officer (see the "Pre-Requirements" in the "Guide" for details on what must be in the letter).

☐ Sheriff/Deputy Sheriff ☐ Corrections Officer ☐ Court-appointed Bailiff ☐ 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?

s.22

If yes, you must attach the Mental Condition Form (SPD051) completed by your physician.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE SECURITY SERVICES ACT and CONSENT TO CRIMINAL RECORD CHECK

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

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

I hereby consent to my licence information (i.e., licence number 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.

Applicant's Signature: Robert L. Dobbin

Date Signed: April 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 renewal application form.

Payment: Full payment must be submitted before processing can begin

• 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 cheques are not accepted - Do Not Send Cash)

Allow up to 30 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 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 260-356-1501.



Province of
British Columbia

Ministry of
Attorney General

collection and use of this information, contact the Coordinator,
Freedom of Information, Security Programs Division, 2881 Nana
Street, Victoria, B.C. V8V 1X4, (604) 387-6981.

Victoria, B.C.
V8V 1X4

L# 35227

Application for a Security Employee Licence

Note: This is not an application for employment and is not to be given to applicant until decision has been made to hire.

| | | | |
|---|--|---|---|
| 1. NAME AND ADDRESS OF SECURITY BUSINESS (INCLUDE POSTAL CODE) Securiguard Services Ltd. 208 - 3045 Douglas Street Victoria, B.C. V8T 4N2 | | 2. TELEPHONE No. OF SECURITY BUS. 382-8258 | LICENCE ISSUE DATE LICENCE EXPIRY DATE FEES: ADMIN. _____ LIC. TOTAL \$100 <input type="checkbox"/> CASH <input checked="" type="checkbox"/> Q |
| 3. SURNAME OF APPLICANT — GIVEN NAMES (NO INITIALS) <input checked="" type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. VAN TASSEL, STEVEN DALE | | 4. HOME TELEPHONE s.22 | 5. DATE OF BIRTH YR. MO. DAY s.22 |
| 6. APPLICATION FOR <input type="checkbox"/> ALARM SERVICE TECHNICIAN — UNDER SUPERVISION <input type="checkbox"/> ALARM SERVICE — SALES ONLY <input type="checkbox"/> ALARM SERVICE — MONITORING <input checked="" type="checkbox"/> ALARM SERVICE — RUNNER <input type="checkbox"/> PRIVATE INVESTIGATOR <input type="checkbox"/> SECURITY CONSULTANT <input type="checkbox"/> SECURITY PATROL <input type="checkbox"/> LOCKSMITH <input type="checkbox"/> APPRENTICE | | 7. FORMER NAME, ALIASES, ETC. s.22 | |
| 8. RESIDENCE ADDRESS, STREET, APT. No., CITY OR TOWN, PROVINCE, POSTAL CODE s.22 | | | |
| 9. *SOCIAL INSURANCE No. s.22 | | 10. *DRIVER'S LICENCE No. — INCLUDE PROV. OR STATE OF ISSUE s.22 | |
| 11. *MEDICAL SERVICES (D. No.) | | 12. NATIONALITY CANADIAN CITIZEN OTHER (SPECIFY) s.22 If Other, Complete 13 or 14 | |
| 13. IMMIGRATION VISA NUMBER <input type="checkbox"/> ATTACHED | | 14. IMMIGRATION EMPLOYMENT AUTHORIZATION No. (ATTACH COPY) | |
| 15. PLACE OF BIRTH (CITY, TOWN, PROV. OR STATE, COUNTRY) s.22 | | 16. PORT OF ENTRY | |
| 17. DATE OF ENTRY YR. MO. DAY | | 18. LANGUAGE SPOKEN <input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY) | |
| 19. PHYSICAL DESCRIPTION HEIGHT WEIGHT EYE COLOUR COMP. HAIR COLOUR s.22 | | 20. INDICATE IF PRESENTLY EMPLOYED FULL OR PART TIME AS: PEACE OFFICER <input type="checkbox"/> INCLUDE AUXILIARY <input type="checkbox"/> DEBT COLLECTOR <input type="checkbox"/> COLLECTION AGENT <input type="checkbox"/> BAILEIFF | |
| 21. 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 ARE THERE ANY CHARGES PENDING? s.22 IF YES, GIVE FULL PARTICULARS (IF INSUFFICIENT ROOM, ATTACH SEPARATE SHEET). OFFENCE DATE PLACE POLICE DEPARTMENT SENTENCE JUL 20 1994 MIN. OF ATTORNEY GENERAL | | | |
| 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. STREET AND NUMBER, APT. No. CITY OR TOWN FROM YEAR TO | | | |

25. EMPLOYMENT RECORD DURING PAST 10 YEARS — INCLUDE PRESENT OCCUPATION — IF INSUFFICIENT SPACE, ATTACH SHEET.

EMPLOYER'S NAME AND ADDRESS

TYPE OF WORK

FROM TO
MO. YR. MO. YR.

REASON
TERMINATED

s.22

26. EDUCATION AND TRAINING

(a) NAME AND ADDRESS OF PRIMARY OR SECONDARY SCHOOL LAST ATTENDED.

LAST GRADE COMPLETED

s.22

27. LIST THREE B.C. RESIDENTS (NOT RELATED OR EMPLOYED BY YOU) WHO ARE COMPETENT TO JUDGE YOUR CHARACTER AND WHO HAVE KNOWLEDGE OF YOUR COMPETENCE AND FITNESS.

FULL NAME

ADDRESS

TELEPHONE
NUMBER

BUSINESS OR OCCUPATION

LENGTH OF
TIME KNOWN

s.22

28. FINANCIAL INSTITUTION WHERE APPLICANT KNOWN

BRANCH

29. DO YOU HAVE FINANCIAL OR OTHER INTEREST IN A BUSINESS PROVIDING PRIVATE INVESTIGATIVE, ALARM, LOCKSMITHING, ARMoured CAR, SECURITY CONSULTING OR SECURITY PATROL SERVICE?

s.22

30. HAVE YOU EVER PERSONALLY DECLARED BANKRUPTCY OR ARE YOU IN THE PROCESS OF BANKRUPTCY?

s.22

31. HAVE YOU EVER BEEN INVOLVED AS AN OFFICIAL OF ANY COMPANY WHICH HAS DECLARED BANKRUPTCY OR IS IN THE PROCESS OF A BANKRUPTCY?

s.22

32. HAS ANY CIVIL JUDGMENT OF ANY COURT BEEN ISSUED AGAINST YOU?

s.22

33. HAVE YOU EVER BEEN TREATED FOR A MENTAL DISORDER?

s.22

34. FULL NAME OF SPOUSE

OCCUPATION OF SPOUSE

BIRTHDATE OF SPOUSE

35. NAME, ADDRESS AND TELEPHONE NUMBER OF RELATIVES OR CLOSE FRIENDS, NOT RELATED TO EACH OTHER, THROUGH WHOM THE APPLICANT MAY BE CONTACTED.

FULL NAME

ADDRESS

TELEPHONE
NUMBER

RELATIONSHIP

s.22

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 and authorize the release to the Registrar or person authorized by him all credit or personal information relative to this application.

Steven Van Tassel
(SIGNATURE OF APPLICANT)

12 JULY 94
DATE

J. Smallwood
(NAME OF COMPANY REPRESENTATIVE)

Regional Manager
(POSITION WITHIN COMPANY)

OF Securiguard Services
(NAME OF COMPANY)

A LICENSED SECURITY BUSINESS, HEREBY ADVISE THAT Steven Van Tassel IS CONSIDERED A SUITABLE PERSON FOR EMPLOYMENT WITH OUR COMPANY AND WE INTEND TO HIRE HIM/HER.

[Signature]
(SIGNATURE OF COMPANY REPRESENTATIVE)

July 20/94
DATE

CAUTION: Any person who for the purpose of obtaining a Licence under the Private Investigative and Security Agencies Act who knowingly makes a statement that is false, misleading or fails to disclose any information relevant to his application is guilty of an offence. In addition, the Licence may be refused, suspended or cancelled.



CONFIRMATION OF FINGERPRINTING

To be retained by Applicant for return with application

Name of Applicant : *Steven Dale Van Tassel*

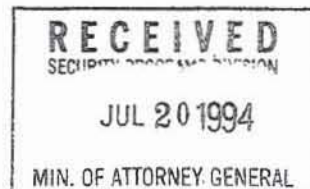
Date of Birth : ^{s.22}
DAY MONTH YEAR

Date Fingerprinted : 13 / 07 / 94 , OR
DAY MONTH YEAR

Will be Fingerprinted on : / /
DAY MONTH YEAR

POLICE AGENCY STAMP:

IDENTIFICATION BRANCH
SAANICH POLICE DEPARTMENT
760 VERNON AVENUE
VICTORIA, BRITISH COLUMBIA
CANADA V8X 2W6



Person Taking Fingerprints: *John D. Archer*
Please print 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

**REQUEST FOR FINGERPRINTING UNDER THE
PRIVATE INVESTIGATORS AND SECURITY AGENCIES ACT**

The following person will be offered employment as a security employee with Securiguard Services Ltd.
208 - 3045 Douglas Street

(Name of Business) Victoria, B.C. V8T 4N2

Kindly have fingerprints taken:

Full Name:

Weight: s.22

Address:

Hair Colour:

Birthdate:

Eye Colour:

Height:

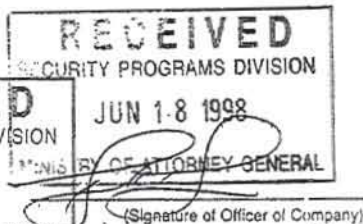
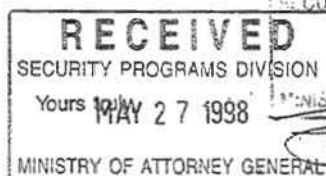
Comp.:

*Social Insurance No.:

*Med. Services No.:

*Drivers Lic. No.:

*Indicate 2 out of 3.

Province of
British ColumbiaMinistry of
Attorney GeneralSecurity Programs Division
2881 Nanaimo Street
Victoria
British Columbia
V8V 1X4
Phone: (604) 387-6981OUR FILE _____
YOUR FILE _____

TO: POLICE DEPT./R.C.M.P. DET.

Re: STEVEN VAN TASSELL DOB: s.22

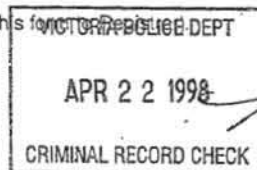
(Name and Birthdate of Applicant)

SECURIGUARD SERVICES LTD

(Name of Business Offering Employment)

Please tear off this portion and return to the Registrar, Private Investigators and Security Agencies Act, Ministry of Attorney General, Second Floor, 2881 Nanaimo Street, Victoria, B.C. V8V 1X4 with the following information:

1. Date fingerprinted 98-04-22 (N.B. Forward fingerprints with this form to POLICE DEPT)
2. Local indices check: Positive _____ Negative _____
3. Licence issuance: Recommended _____ Not Recommended _____



Authenticate reply by stamping with official stamp or attach reply to official letterhead. If local indices check positive and/or licence issuance not recommended, supply supporting documentation.

Registrar
Registrar

U U

2012-2013
2012-2013
2012-2013



SECURITY EMPLOYEE LICENCE

Province of
British Columbia

Ministry of Attorney General

File No. 49305-1

35895

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.

EXPIRES ON THE

25TH DAY OF AUGUST 1995

(Registered)
AUG 25 1994

PROPERTY OF THE PROVINCE OF BRITISH COLUMBIA

File No.

35895 1740

No.

49305-1

DATE OF ISSUE:

NAME:

25-AUG-1994

ADDRESS: VAN TASSELL, STEVEN DAL

CITY, TOWN

s.22

BIRTHDATE:

s.22

HEIGHT:

EYE COLOUR:

HAIR COLOUR:

s.22

DATE OF

BIRTH:

WEIGHT:

COMPLEXION:

BG/RH FACTOR

s.22

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

Page 18 redacted for the following reason:

s.22

Sheriff's Office # 278
 Calhoun, Md.
 2245 Jackson Road
 Vienna, MD 21358
 Phone Taken 7/24/09
 (Date)
 I certify this to be a
 true likeness of

 Question's Signature

Van Tasse 11

22's



Ministry of Attorney General
Security Programs Division
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

- ☒ Applicants
Complete Front and Back of Application
☐ Renewal Applicants
Complete Front of Application

FOR SPD OFFICE
USE ONLY

SECURITY PROGRAMS DIVISION
RECEIVED
MAY 20 1998
LIN #: 64022
MS Divis: 10
File Number: 995
GENERAL

APPLICATION FOR A SECURITY EMPLOYEE LICENCE

Note: This is not an application for employment and is not to be given to applicant until decision has been made to hire.

NOTE: Partial applications apply only when a new 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) VICTORIA, B.C. SECURIGUARD SERVICES #208 3045 DOUGLAS ST., V8T 4N2 (250) 388-3118 | | | | 2. TELEPHONE NO. OF BUSINESS (250) 388-3118 | | 3. CONTACT PERSON AT BUSINESS BROOK REED | |
| 4. SURNAME OF APPLICANT (EMPLOYEE) Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> VAN TASSEL | | | | 5. FIRST NAME STEVEN | | 6. MIDDLE NAME DALE | |
| 7. FORMER NAME, ALIAS, ETC. N/A | | | | 8. DATE OF BIRTH - Day Month Year s.22 | | | |
| 9. RESIDENTIAL ADDRESS (INCLUDE STREET; APT NO.; CITY OR TOWN; PROVINCE; POSTAL CODE) s.22 | | | | 10. HOME TELEPHONE s.22 | | | |
| 11. PHYSICAL DESCRIPTION HEIGHT WEIGHT COMPLEXION EYE COLOUR HAIR COLOUR s.22 s.22 s.22 s.22 s.22 | | 12. LANGUAGE SPOKEN <input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY) _____ | | 13. NATIONALITY CANADIAN CITIZEN OTHER (SPECIFY) _____ | | | |
| 14. PLACE OF BIRTH (CITY OR TOWN; PROV/STATE; COUNTRY) s.22 | | 15. PORT OF ENTRY | | 16. DATE OF ENTRY YEAR MONTH DAY | | | |
| 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? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, GIVE FULL PARTICULARS (IF INSUFFICIENT ROOM, ATTACH SEPARATE SHEET) | | | | | | | |
| OFFENCE | | DATE | | PLACE | | SENTENCE | |
| | | | | | | RECEIVED SECURITY PROGRAMS DIVISION MAY 27 1998 | |
| 18. APPLICATION FOR (TYPE OF LICENCE, CATEGORY) CHECK APPROPRIATE BOX(S) <input type="checkbox"/> ALARM SERVICE TECHNICIAN <input type="checkbox"/> ALARM SERVICE RESPONSE <input checked="" type="checkbox"/> SECURITY PATROL <input type="checkbox"/> ALARM SERVICE UNDER SUPERVISION <input type="checkbox"/> SECURITY CONSULTANT <input type="checkbox"/> PRIVATE INVESTIGATOR <input type="checkbox"/> ALARM SERVICE SALES ONLY <input type="checkbox"/> LOCKSMITH <input type="checkbox"/> PRIVATE INVESTIGATOR UNDER SUPERVISION <input type="checkbox"/> ALARM SERVICE MONITOR <input type="checkbox"/> LOCKSMITH UNDER SUPERVISION | | | | | | | |

The 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 in compliance with the Private Investigators and Security Agencies Act and the Freedom of Information and Protection of Privacy Act. If you have any questions regarding the collection and use of this information, contact the Coordinator, Freedom of Information, Security Programs Division, (250) 387-6981.

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 Criminal Records Check 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 to promptly report the charge or conviction to my employer and to provide my employer with a new signed application for Criminal Records Check.

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.

I 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.

I hereby agree and understand the above.

Steven Van Tassel
SIGNATURE OF APPLICANT

12 MAY 1998
DATE

20. TO BE COMPLETED AND SIGNED BY BUSINESS REPRESENTATIVE:

1. Brook Reed (NAME OF SECURITY BUSINESS REPRESENTATIVE), Operations MGR (POSITION), OF Securiguard Services Ltd. (NAME OF SECURITY BUSINESS)

A LICENSED SECURITY BUSINESS, HEREBY ADVISE THAT STEVEN VAN TASSEL (PRINT NAME OF APPLICANT) IS CONSIDERED A SUITABLE PERSON FOR

EMPLOYMENT WITH OUR SECURITY BUSINESS AND WE INTEND TO HIRE/RENEW THIS APPLICANT, AS OF May 1/98 (HIRE DATE)

[Signature]
(SIGNATURE OF SECURITY BUSINESS REPRESENTATIVE)

May 1/98
DATE

| | | | | |
|--|--------------|---------------------|------------------------|-------------------------|
| 21. INDICATE IF PRESENTLY EMPLOYED FULL OR PART TIME AS: | | | | |
| <input type="checkbox"/> PEACE OFFICER <input type="checkbox"/> INCLUDE AUXILIARY <input type="checkbox"/> DEBT COLLECTOR <input type="checkbox"/> COLLECTION AGENT <input type="checkbox"/> BAILIFF | | | | |
| 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 FOR THE PAST 10 YEARS, INCLUDING PRESENT ADDRESS (IF INSUFFICIENT SPACE, ATTACH SEPARATE SHEET). | | | | |
| STREET AND NUMBER, APT NO. | | CITY OR TOWN | FROM | YEARS TO |
| s.22 | | | | |
| 25. EMPLOYMENT RECORD DURING THE PAST 10 YEARS, INCLUDING PRESENT OCCUPATION (IF INSUFFICIENT SPACE, ATTACH SEPARATE SHEET). | | | | |
| EMPLOYER'S NAME AND ADDRESS | TYPE OF WORK | FROM MON YEAR | TO MON YEAR | REASON TERMINATED |
| s.22 | | | | |
| 26. EDUCATION AND TRAINING | | | | |
| (a) NAME AND ADDRESS OF PRIMARY OR SECONDARY SCHOOL LAST ATTENDED | | | | LAST GRADE COMPLETED |
| s.22 | | | | s.22 |
| (b) LIST ANY POST SECONDARY DEGREES OR DIPLOMAS HELD. | | | | |
| s.22 | | | | |
| (c) SPECIFY OTHER TRAINING SKILLS OR EXPERIENCE RELATIVE TO LICENCE APPLICATION | | | | |
| SECURITY PROGRAMS DIVISION | | | | |
| s.22 | | | | |
| 27. LIST THREE B.C. RESIDENTS (EXCLUDING IMMEDIATE FAMILY OR CURRENT OR FORMER EMPLOYERS OR BY YOU) WHO ARE COMPETENT TO JUDGE YOUR CHARACTER AND WHO HAVE KNOWLEDGE OF YOUR COMPETENCE AND ABILITIES. | | | | |
| FULL NAME | ADDRESS | TELEPHONE NUMBER | BUSINESS OR OCCUPATION | LENGTH OF TIME KNOWN |
| s.22 | | | | |
| 28. FINANCIAL INSTITUTION WHERE APPLICANT IS KNOWN | | | | |
| s.22 | | | | |
| 29. DO YOU HAVE FINANCIAL OR OTHER INTERESTS IN A BUSINESS PROVIDING PRIVATE INVESTIGATIVE, ALARM, LOCKSMITHING, ARMoured CAR, SECURITY CONSULTING OR SECURITY PATROL SERVICES? | | | | |
| s.22 | | | | |
| 30. HAVE YOU EVER PERSONALLY DECLARED BANKRUPTCY OR ARE YOU IN THE PROCESS OF BANKRUPTCY? | | | | |
| s.22 | | | | |
| 31. HAVE YOU EVER BEEN INVOLVED AS AN OFFICIAL OF ANY COMPANY WHICH HAS DECLARED BANKRUPTCY OR IS IN THE PROCESS OF A BANKRUPTCY? | | | | |
| s.22 | | | | |
| 32. HAS ANY CIVIL JUDGEMENT OF ANY COURT BEEN ISSUED AGAINST YOU? | | | | |
| s.22 | | | | |
| 33. HAVE YOU BEEN TREATED FOR A MENTAL DISORDER? | | | | |
| s.22 | | | | |

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.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE SECURITY BUSINESS

Pages 22 through 24 redacted for the following reasons:

s.22



CONFIRMATION OF FINGERPRINTING

To be retained by Applicant for return with application

Name of Applicant :

Securiguard Services Ltd.
208 - 3045 Douglas Street
Victoria, B.C. V8T 4N2

STEVEN VAN TASSEL

Date of Birth :

s.22

DAY

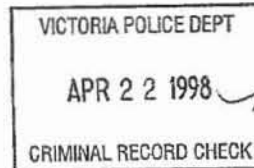
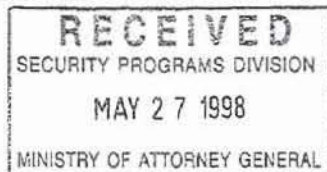
MONTH

YEAR

Date Fingerprinted : 22 / 04 / 98, OR
DAY MONTH YEAR

Will be Fingerprinted on : 22 / 04 / 98
DAY MONTH YEAR

POLICE AGENCY STAMP:



Person Taking Fingerprints:

R. BUSBY
Please print full name

Police Agency Please Note:

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

RECEIVED
The Registrar
Security Programs Division
2nd Floor - 2881 Nanaimo Street
Victoria, British Columbia
V8V 1X4
JUN 18 1998
MINISTRY OF ATTORNEY GENERAL

- * 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.





BRITISH
COLUMBIA
Ministry of
Attorney General

SECURITY EMPLOYEE LICENCE

File No. 85985 1
35895
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.

(Registrar)

EXPIRES ON THE

14TH DAY OF JULY, 1999

PROPERTY OF THE PROVINCE OF BRITISH COLUMBIA

File No. 35895 1740

No. 85985 1

DATE OF ISSUE: 14-JUL-1998

NAME:

ADDRESS: VAN TASSELL, STEVEN DAL

CITY, TOWN:

BIRTHDATE:

HEIGHT:

EYE COLOUR:

HAIR COLOUR:

PLACE OF
BIRTH:

WEIGHT:

COMPLEXION:

BG/RH FACTOR:

s.22

s.22

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 LICENCE

40-12912

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 longer be employed with your company, please complete Section C below.

SECTION A:

EMPLOYEE FILE #: 35895 DATE OF BIRTH: s.22
 SURNAME: Van Tassell FIRST NAME: Steven MIDDLE NAME: Dale
 ALIAS/MAIDEN NAME:
 LICENCE EXPIRY DATE INDICATED BY OUR RECORDS: 14-JUL-1999

CURRENT EMPLOYER: 1740 Securiguard Services Ltd.
 EMPLOYER PHONE NUMBER: 388-3118

EMPLOYEE STREET:
 EMPLOYEE CITY: s.22 EMPLOYEE PROVINCE: BC
 EMPLOYEE POSTAL CODE: EMPLOYEE PHONE #: s.22

GENDER: M COMPLEXION:
 HEIGHT: EYES: s.22
 WEIGHT: s.22 HAIR:

CURRENT LICENCED CATEGORIES:
 Security Patrol

SECTION B - CONSENT FOR RELEASE OF PERSONAL INFORMATION

The information provided will be used for the collection of information, DOI V8V 1X4, (604 DOE
 Ministry of Attorney General
 2881 Nanaimo Street
 Victoria, B.C. V8V 1X4
 35895
 EMP # 1740
 BUS # 15-JUL-1999
 14-JUL-2000

JUL 02 1999

96254-1 authority of the PRIVATE (1992, C.45). The information location under the PRIVATE have any questions regarding the Coordinator, Freedom of mo Street, Victoria, B.C.,

Have you been found guilty or convicted of a crime under the law of any country, province, or state since your last licence renewal or are there currently any charges pending against you? No ___ Yes ___ (provide details below)

Offence: Date: Place: Police Dept: Sentence:

Steven Van Tassell
 Employee Signature
 Employer Signature

02/06/99
 Date (DD/MM/YY)
 22/06/99
 Date (DD/MM/YY)

SECTION C:

TERMINATION DATE (DD/MM/YY): ___/___/___ LICENCE ENCLOSED (Y/N): ___
 TRANSFER DATE (DD/MM/YY): ___/___/___ TO: _____

RENEWAL OF SECURITY EMPLOYEE LICENCE

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 longer be employed with your company, please complete Section C below.

SECTION A:

EMPLOYEE FILE #: 35895 DATE OF BIRTH: s.22
 SURNAME: Van Tassell FIRST NAME: Steven MIDDLE NAME: Dale
 ALIAS/MAIDEN NAME:
 LICENCE EXPIRY DATE INDICATED BY OUR RECORDS: 14-JUL-2000

CURRENT EMPLOYER: 1740 Securiguard Services Ltd. (Branch)
 EMPLOYER PHONE NUMBER: 388-3118

EMPLOYEE STREET: s.22
 EMPLOYEE CITY: EMPLOYEE PROVINCE: BC
 EMPLOYEE POSTAL CODE: EMPLOYEE PHONE #: s.22

GENDER: M COMPLEXION:
 HEIGHT: s.22 EYES: s.22
 WEIGHT: HAIR:

CURRENT LICENCED CATEGORIES:
 Security Patrol

SECTION B - CONSENT FOR RELEASE OF PERSONAL INFORMATION

The information on Ministry of Attorney General
 2881 Nanaimo Street
 Victoria, B.C. V8V 1X4

INVESTIGATORS AND EMP # 35895
 provided will be u:EMP # 1740
 INVESTIGATORS AND BUS # 24-OCT-2000
 the collection and DOI 14-JUL-2001
 Information, Secur:DOE
 V8V 1X4, (250) 387-

110177-1

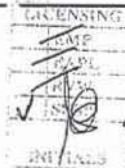
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 ordinator, Freedom of
 t, Victoria, B.C.,

Have you been found guilty or convicted of a crime under the law of any country, province, or state since your last licence renewal or are there currently any charges pending against you? s.22 (provide details below)

Offence: Date: Place: Police Dept: Sentence:

Employee Signature

Employer Signature



22/09/00
 Date (DD/MM/YY)
 02/10/00
 Date (DD/MM/YY)

SECTION C:

TERMINATION DATE (DD/MM/YY): / / LICENCE ENCLOSED (Y/N):
 TRANSFER DATE (DD/MM/YY): / / TO:



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 1 - TO BE COMPLETED AND SIGNED BY BUSINESS REPRESENTATIVE | | | |
|--|---|---|----------------------------|
| Business Licence #: 1740 | Business Name (Name on Business Licence): Securiguard Services | Business Telephone: (250) 388-3118 | |
| FEES ARE ATTACHED <input type="checkbox"/> CERTIFIED CHEQUE/MONEY ORDER <input type="checkbox"/> CREDIT CARD <input checked="" type="checkbox"/> APPLY FROM DRAW DOWN ACCOUNT | | | |
| TYPE AND CATEGORY OF LICENCE | | | |
| TYPE: <input type="checkbox"/> Temporary Licence <input type="checkbox"/> New Applicant <input type="checkbox"/> Lapsed Licence <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Re-Issue (Lost or Stolen Licence) | | | |
| Has applicant held previous security employee licence? <input type="checkbox"/> No <input type="checkbox"/> Yes - Licence #E Expiry Date | | | |
| CATEGORY: <input checked="" type="checkbox"/> Security Patrol <input type="checkbox"/> Alarm Service <input type="checkbox"/> Security Consultant <input type="checkbox"/> Private Investigator <input type="checkbox"/> Alarm Service Under Supervision <input type="checkbox"/> Private Investigator Under Supervision <input type="checkbox"/> Alarm Sales Only <input type="checkbox"/> Locksmith <input type="checkbox"/> Alarm Monitor <input type="checkbox"/> Locksmith Under Supervision <input type="checkbox"/> Alarm Response | | | |
| PART 2 - TO BE COMPLETED AND SIGNED BY THE APPLICANT (Please Print) | | | |
| Surname: VAN TASSELL | First Name: STEVEN | Middle Name: DALE | |
| Former Name: Alias, Maiden Name, Etc: | Date of Birth: Year / Month / Day s.22 | Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | |
| Nationality: s.22 | Place of Birth: (include City / Town, Province / State, Country) s.22 | | |
| Physical Description: | | | |
| Height: (ft-inches/cm) s.22 | Weight: (lbs or kgs) s.22 | Hair Colour: s.22 | Eye Colour: s.22 |
| Home Telephone: s.22 | | | |
| Residential Address: (include Street, Apt No., City or Town, Province, Postal Code) s.22 | | | |
| Education and Training: s.22 | | | |
| Question 1-Do you presently hold a position with Peace Officer status (this does not include Security Patrol field): <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, what position do you hold? <input type="checkbox"/> Police Officer <input type="checkbox"/> Auxiliary/Reserve Police Officer <input type="checkbox"/> Sheriff <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Other: Restrictions for employment may apply for certain categories of licence. | | | |
| Question 2-Have you ever been treated for a Mental Condition? s.22 | | | |

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, 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 possession for the type of work performed.

Steven Van Thosell
(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.

Stephen Holman
(Security Business Representative Name)

J. Holman
(Signature of Security Business Representative)

Feb 8/06
(Date)



Ministry of Public Safety
and Solicitor General
Police Services Division

RECEIVED
Security Programs Division

2007 JUN 26 AM 8:30

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

| | | |
|--|--|---|
| Business Licence #: B3434 | Business Name (Name on Business Licence): ROYAL VICTORIA SECURITY | Business Telephone: (250) 382-1177 |
| FEES ARE ATTACHED <input type="checkbox"/> CERTIFIED CHEQUE/MONEY ORDER <input type="checkbox"/> CREDIT CARD <input checked="" type="checkbox"/> APPLY FROM DRAW DOWN ACCOUNT | | |
| TYPE AND CATEGORY OF LICENCE | | |
| TYPE: <input type="checkbox"/> Temporary Licence <input type="checkbox"/> New Applicant <input type="checkbox"/> Lapsed Licence <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Re-Issue (Lost or Stolen Licence) | | |
| Has applicant held previous security employee licence? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes- Licence #E 35895 Expiry Date 2007/02/13 | | |
| CATEGORY: <input checked="" type="checkbox"/> Security Patrol <input type="checkbox"/> Alarm Service <input type="checkbox"/> Security Consultant <input type="checkbox"/> Private Investigator <input type="checkbox"/> Alarm Service Under Supervision <input type="checkbox"/> Private Investigator Under Supervision <input type="checkbox"/> Alarm Sales Only <input type="checkbox"/> Locksmith <input type="checkbox"/> Alarm Monitor <input type="checkbox"/> Locksmith Under Supervision <input type="checkbox"/> Alarm Response | | |
| Surname: VAN TASSELL First Name: STEVEN Middle Name: | | |
| Former Name: Alias, Maiden Name, Etc: | Date of Birth: Year / Month / Day s.22 | Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Nationality: s.22 | Place of Birth: (include City / Town, Province / State, Country) s.22 | |
| Physical Description: | | |
| Height: (ft-inches/cm) s.22 | Weight: (lbs or kgs) s.22 | Hair Colour: s.22 |
| Eye Colour: s.22 | | Home Telephone: s.22 |
| Residential Address: (include Street, Apt No., City or Town, Province, Postal Code) | | |
| Education and Training: s.22 | | |
| Question 1-Do you presently hold a position with Peace Officer status (this does not include Security Patrol field): <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, what position do you hold? <input type="checkbox"/> Police Officer <input type="checkbox"/> Auxiliary/Reserve Police Officer <input type="checkbox"/> Sheriff <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Other: | | |
| Restrictions for employment may apply for certain categories of licence. | | |
| Question 2-Have you ever been treated for a Mental Condition? s.22 | | |

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 possession for the type of work performed.

Steven Van Tassell
(Signature of Applicant)

23 MARCH 2007
(Date)

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.

Arunk Singh
(Security Business Representative Name)

[Signature]
(Signature of Security Business Representative)

23/mar/07
(Date)



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 1: TO BE COMPLETED AND SIGNED BY BUSINESS REPRESENTATIVE | | | |
|---|---|--|---------------------|
| Business Licence #: | Business Name (Name on Business Licence): | | Business Telephone: |
| 01616 | Paladin Security Group | | 604 677 8700 |
| FEES ARE ATTACHED <input type="checkbox"/> CERTIFIED CHEQUE/MONEY ORDER <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> <input checked="" type="checkbox"/> APPLY FROM DRAW DOWN ACCOUNT | | | |
| TYPE AND CATEGORY OF LICENCE | | | |
| TYPE: | | | |
| <input type="checkbox"/> Temporary Licence <input type="checkbox"/> New Applicant <input type="checkbox"/> Lapsed Licence <input checked="" type="checkbox"/> Renewal <input checked="" type="checkbox"/> Re-Issue (Lost or Stolen Licence) | | | |
| Has applicant held previous security employee licence? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes- Licence #E 35895 Expiry Date 2007/02/13 | | | |
| CATEGORY: | | | |
| <input checked="" type="checkbox"/> Security Patrol <input type="checkbox"/> Private Investigator <input type="checkbox"/> Private Investigator Under Supervision <input type="checkbox"/> Locksmith <input type="checkbox"/> Locksmith Under Supervision | | <input type="checkbox"/> Alarm Service <input type="checkbox"/> Alarm Service Under Supervision <input type="checkbox"/> Alarm Sales Only <input type="checkbox"/> Alarm Monitor <input type="checkbox"/> Alarm Response | |
| <input type="checkbox"/> Security Consultant | | | |
| PART 2: TO BE COMPLETED AND SIGNED BY THE APPLICANT (Please Print) | | | |
| Surname: | | First Name: | |
| VAN TASSEL | | STEVEN | |
| Middle Name: | | DALE | |
| Former Name: Alias, Maiden Name, Etc. | | Date of Birth: Year / Month / Day | |
| | | s.22 | |
| Nationality: | | Place of Birth: (include City / Town, Province / State, Country) | |
| s.22 | | s.22 | |
| Physical Description | | | |
| Height: (ft-inches/cm) | Weight: (lbs or kg) | Hair Colour: | Eyes Colour: |
| s.22 | s.22 | s.22 | s.22 |
| Home Telephone: | | | |
| s.22 | | | |
| Residential Address: (include Street, Apt No., City or Town, Province, Postal Code) | | | |
| s.22 | | | |
| Education and Training: | | | |
| s.22 | | | |
| Question 1-Do you presently hold a position with Peace Officer status (this does not include Security Patrol field): | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, what position do you hold? | | | |
| <input type="checkbox"/> Police Officer <input type="checkbox"/> Auxiliary/Reserve Police Officer <input type="checkbox"/> Sheriff <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Other: | | | |
| Restrictions for employment may apply for certain categories of licence. | | | |
| Question 2-Have you ever been treated for a Mental Condition? | | | |
| s.22 | | | |

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 is your personal information collected under the application process under the Private Investigators and Security Agencies Act (R.S.B.C. 1996, c.374) and the regulations under that 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 in compliance with the Private Investigators and Security Agencies Act, the Freedom of Information and Protection of Privacy Act (R.S.C. 1996, c.465) and the Access to Information Act (R.S.C. 1996, c.465). If you have any questions regarding the collection and use of this information, contact the Freedom of Information and Access to Information Coordinator, Security Programs, (250) 387-5981.

It is an offence under Section 321(h)(1) of the Private Investigators 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, 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

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- 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 possession for the type of work performed.

Steven Van Tassel
(Signature of Applicant)

25 JUNE 2007
(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.

Alba Caporale
(Security Business Representative Name)

[Signature]
(Signature of Security Business Representative)

July 11/07
(Date)



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 1: TO BE COMPLETED AND SIGNED BY BUSINESS REPRESENTATIVE | | | |
|--|---|--|--|
| Business Licence #: | Business Name (Name on Business Licence): | | Business Telephone: |
| 3434 | ROYAL VICTORIA SECURITY | | (250) 382-1177 |
| FEES ARE ATTACHED <input type="checkbox"/> CERTIFIED CHEQUE/MONEY ORDER <input type="checkbox"/> CREDIT CARD <input checked="" type="checkbox"/> APPLY FROM DRAW DOWN ACCOUNT | | | |
| TYPE AND CATEGORY OF LICENCE | | | |
| TYPE: <input checked="" type="checkbox"/> Temporary Licence <input type="checkbox"/> New Applicant <input type="checkbox"/> Lapsed Licence <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Re-Issue (Lost or Stolen Licence) | | | |
| Has applicant held previous security employee licence? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes- Licence #E 35895 Expiry Date 2008/03/25 | | | |
| CATEGORY: <input checked="" type="checkbox"/> Security Patrol <input type="checkbox"/> Alarm Service <input type="checkbox"/> Security Consultant <input checked="" type="checkbox"/> Private Investigator <input type="checkbox"/> Alarm Service Under Supervision <input checked="" type="checkbox"/> Private Investigator Under Supervision <input type="checkbox"/> Alarm Sales Only <input checked="" type="checkbox"/> Locksmith <input type="checkbox"/> Alarm Monitor <input checked="" type="checkbox"/> Locksmith Under Supervision <input type="checkbox"/> Alarm Response | | | |
| PART 2: TO BE COMPLETED AND SIGNED BY THE APPLICANT (Please Print) | | | |
| Surname: | | First Name: | Middle Name: |
| Van Tassell | | Steven | D. |
| Former Name: Alias, Maiden Name, Etc: | | Date of Birth: Year / Month / Day | Gender: |
| | | s.22 | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Nationality: | | Place of Birth: (include City / Town, Province / State, Country) | |
| s.22 | | s.22 | |
| Physical Description: | | | |
| Height: (inches/cm) | Weight: (lbs or kgs) | Hair Colour: | Eye Colour: |
| s.22 | s.22 | s.22 | s.22 |
| Home Telephone: | | | |
| s.22 | | | |
| Residential Address: (include Street, Apt No., City or Town, Province, Postal Code) | | | |
| s.22 | | | |
| Education and Training: | | | |
| s.22 | | | |
| Question 1-Do you presently hold a position with Peace Officer status (this does not include Security Patrol field): <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, what position do you hold? <input type="checkbox"/> Police Officer <input type="checkbox"/> Auxiliary/Reserve Police Officer <input type="checkbox"/> Sheriff <input type="checkbox"/> Corrections Officer <input type="checkbox"/> Other: | | | |
| Restrictions for employment may apply for certain categories of licence. | | | |
| Question 2-Have you ever been treated for a Mental Condition? s.22 | | | |
| FORM #SPDO100 (5/1/2005 - 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

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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, 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 possession for the type of work performed.

Steven Van Toland
(Signature of Applicant)

14 FEBRUARY 2008
(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.

M. Sack
(Security Business Representative Name)

[Signature]
(Signature of Security Business Representative)

2008/02/14
(Date)

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 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

PAYMENT BY: ☐ bank-issued certified cheque or money order ☒ credit card (using Authorized Credit Card Usage form SPD0508) ☐ DO NOT SEND CASH. Personal Cheques not accepted.

TERM OF LICENCE & RENEWAL FEE: ☒ One Year (\$66) ☐ Two Year (\$120) ☐ Three Year (\$180) ☐ 90-days (\$60)

BUSINESS: Are you the owner/operator of a Sole Proprietorship Security Business? ☒ No ☐ Yes

If yes, and your security business licence is current, enter the licence number here: # _____ to waive this fee.

TOTAL ENCLOSED: \$ 120

PART 2: APPLICATION DETAILS

APPLICATION TYPE: ☒ Renewal of Current Security Worker Licence # #E35895 Expiry date: 09/03/25

LICENCE TYPE: (check off all types you wish to have on your renewed licence, including the type you hold now if still applicable.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Armoured Car Guard | <input type="checkbox"/> Closed Circuit Television Installer | <input type="checkbox"/> Security Consultant |
| <input type="checkbox"/> Security Alarm Installer - under supervision | <input type="checkbox"/> Electronic Locking Device Installer | <input type="checkbox"/> Security Guard - under supervision |
| <input type="checkbox"/> Security Alarm Installer | <input type="checkbox"/> Locksmith - under supervision | <small>This is a 90-day licence type. If you have held this type before, you may not renew but you may apply for a full Security Guard licence using the form, <i>Updating to Full Licence</i>, #SPD0519, which does not require you to resend information already sent to the Registrar.</small> |
| <input type="checkbox"/> Security Alarm Monitor | <input type="checkbox"/> Locksmith | <input checked="" type="checkbox"/> Security Guard |
| <input type="checkbox"/> Security Alarm Sales | <input type="checkbox"/> Private Investigator - under supervision | |
| <input type="checkbox"/> Security Alarm Response | <input type="checkbox"/> Private Investigator | |

PART 3: APPLICANT INFORMATION

Name (Surname) Van Tassel (Legal Given) Steven (Middle) DALE

☒ The name entered above is the same as recorded previously

Or ☐ The name entered above has been legally changed. I have attached documentation proving my name has been legally changed to:

New Name (Surname) _____ (Legal Given) _____ (Middle) _____

Citizenship: ☒ I was born in Canada and have previously submitted to the Registrar a copy of my birth certificate.
(check [✓] only one) ☐ I was born in Canada and have not previously submitted a copy of my birth certificate to the Registrar. It is attached.
☐ I was not born in Canada, but I am legally entitled to work in Canada as proven by immigration, permanent residence or citizenship documentation sent to the Registrar when I initially applied for my security worker licence.
☐ I was not born in Canada, but I am legally entitled to work in Canada as proven by:
my current work permit which is numbered: # _____ and expires: _____
or my current study permit which is numbered # _____ and expires: _____

Physical Description: (this information will appear on your licence - you may update this information if applicable)

Height (inches or cms): s.22 Weight (lbs or kgs): s.22 Hair Colour: s.22
Gender: ☒ male ☐ female Eye Colour: s.22

Residential Address: (your address will not appear on your licence - please complete this field if it has changed from what is on your records held by the Registrar)

Street Address _____ City/Town: s.22 Province: BC Postal Code: s.22
Home Phone: (s.22) E-mail: s.22

☒ Yes, send an electronic copy of licence to my e-mail address when the original licence is mailed to me.

Mailing Address: If you have a mailing address (like a PO Box number) that is different than your residential address, or you would rather have your licence mailed to your employer, provide that mailing address below:

Concord Security, #400, 570 Granville Street, Vancouver, BC V6C 3P1

Photograph (this photo will appear on your licence - it is optional to send in a photo upon renewal, but is mandatory that your photo on your licence be updated every five years):

☒ I have attached a passport-quality photo of myself that has been taken within the last 12 months.

FORM #SPD0505
PSSG08-022 (10/2008)

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: sgspdscc@gov.bc.ca Security Industry and Licensing website: www.pssg.gov.bc.ca/securityindustry

Education and Training Certification:

You do not have to prove education and training for any licence type currently shown on your licence – only provide documentation 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 (year/month/day) _____
... plus a copy of all supporting evidence of my training and experience is attached.
- ☐ 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 attached; or ☐ supporting documentation of my experience is attached.
- ☐ 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 attached.

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?

- ☒ no ☐ 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? ☒ no ☐ 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 Licence" 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

Mental Condition: Have you been treated for a mental condition?

s.22

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

I hereby consent 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 fingerprints for that purpose. This consent will remain in effect for the duration of the period for which this licence is valid.

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

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.

Applicant's Signature: Steven Van Tol

Date Signed: 24 MARCH 09

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

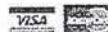
NEXT STEPS:

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 renewal application form.

Payment: Full payment must be submitted before processing can begin

- 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 cheques 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/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

PAYMENT BY: ☐ bank-issued certified cheque or money order ☒ credit card (using Authorized Credit Card Usage form SPD0508) **DO NOT SEND CASH. Personal Cheques not accepted.**

TERM OF LICENCE & RENEWAL FEE: ☒ One Year (\$60) ☐ Two Year (\$120) ☐ Three Year (\$180) ☐ 90-days (\$60)

BUSINESS: Are you the owner/operator of a Sole Proprietorship Security Business? ☒ No ☐ Yes

If yes, and your security business licence is current, enter the licence number here: # _____ to waive this fee.

PART 2: APPLICATION DETAILS

TOTAL ENCLOSED: \$ 60.00

APPLICATION TYPE: ☒ Renewal of Current Security Worker Licence # E35895 Expiry date: 10/04/03

LICENCE TYPE: (check off all types you wish to have on your renewed licence, including the type you hold now if still applicable.)

☐ Armoured Car Guard

☐ Closed Circuit Television Installer

☐ Security Consultant

☐ Security Alarm Installer - under supervision

☐ Electronic Locking Device Installer

☐ Security Guard - under supervision

☐ Security Alarm Installer

☐ Locksmith - under supervision

This is a 90-day licence type. If you have held this type before, you may not renew but you may apply for a full Security Guard licence using the form, *Updating to Full Licence*, #SPD0519, which does not require you to resend information already sent to the Registrar.

☐ Security Alarm Monitor

☐ Locksmith

☒ Security Guard

☐ Security Alarm Sales

☐ Private Investigator - Under supervision

☐ Security Alarm Response

☐ Private Investigator

PART 3: APPLICANT INFORMATION

Name: (Surname) Van Tassel

(Legal Given) Steven

(Middle) DALE

Or ☒ The name entered above is the same as recorded previously

☐ The name entered above has been legally changed. I have attached documentation proving my name has been legally changed to:

New Name: (Surname) _____

(Legal Given) _____

(Middle) _____

Citizenship:

I was born in Canada and have previously submitted to the Registrar a copy of my birth certificate

(check ☒ only one)

I was born in Canada and have not previously submitted a copy of my birth certificate to the Registrar. It is attached.

I was not born in Canada, but I am legally entitled to work in Canada as proven by Immigration, permanent residence or citizenship documentation sent to the Registrar when I initially applied for my security worker licence.

I was not born in Canada, but I am legally entitled to work in Canada as proven by:

my current work permit which is numbered: # _____ and expires: _____

or my current study permit which is numbered # _____ and expires: _____

Physical Description: (this information will appear on your licence - you may update this information if applicable)

Height (ft/inches or cms): s.22

Weight (lbs or kgs): s.22

Hair Colour: s.22

Gender: ☒ male ☐ female

Eye Colour: s.22

Residential Address: (your address will not appear on your licence - please complete this field if it has changed from what is on your records held by the Registrar)

Street Address: s.22

City/Town: s.22

Province: BC

Postal Code: s.22

Home Phone: (s.22

E-mail: personnel@concordsecurity.com

☒ Yes, send an electronic copy of licence to my e-mail address when the original licence is mailed to me.

Mailing Address: If you have a mailing address (like a PO Box number) that is different than your residential address, or you would rather have your licence mailed to your employer, provide that mailing address below:

Concord Security, #400, 570 Granville Street, Vancouver, BC V6C 3P1

Photograph (this photo will appear on your licence - it is optional to send in a photo upon renewal, but is mandatory that your photo on your licence be updated every five years):

☒ I have attached a passport-quality photo of myself that has been taken within the last 12 months.

FORM #SPD0505
PSSG08-022 (10/2008)

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 1-800-663-7887)
Fax: (250) 387-4454 E-mail: sgspdscc@gov.bc.ca Security Industry and Licensing website: www.pssg.gov.bc.ca/securityindustry

Education and Training Certification:

You do not have to prove education and training for any licence type currently shown on your licence – only provide documentation 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, Salos 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 (year/month/day) _____
... plus a copy of all supporting evidence of my training and experience is attached.
- ☐ 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 attached; or ☐ supporting documentation of my experience is attached.
- ☒ 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 attached.

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?

☒ no ☐ 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? ☒ no ☐ 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 Licence" 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

Mental Condition: Have you been treated for a mental condition?

s.22

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**

I hereby consent 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 fingerprints for that purpose. This consent will remain in effect for the duration of the period for which this licence is valid.

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

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.

Applicant's Signature: Steven Van Tassell

Date Signed: 8 MARCH 2010

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 renewal application form.

Payment: Full payment must be submitted before processing can begin

- 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 cheques 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 42 redacted for the following reason:

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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/securityindustry

USE THIS **SPD0504** 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 clear descriptions of each form).

PART 1: FEES & TERMS

PAYMENT BY: ☐ bank/issued certified cheque or money order made payable to the Minister of Finance
☒ credit card (using Authorized Credit Card Usage form SPD0505) **DO NOT SEND CASH. Personal Cheques not accepted.**
 TERM OF LICENCE & RENEWAL FEE: Schedule A: ☒ One Year (\$60) ☐ Two Year (\$120) ☐ Three Year (\$180)
 Schedule B: ☐ Short-term, 90 days (\$50) ☐ One Year (\$120) ☐ Two Year (\$180) ☐ Three Year (\$240)
 If you are a SECURITY BUSINESS OWNER/OPERATOR answer 'yes' or 'no' to the following:
☒ No ☐ Yes ... 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.
 Current Security Business Licence # _____ Expires on: (year/month/day) _____

PART 2: APPLICATION DETAILS

TOTAL ENCLOSED: \$ 60

APPLICATION TYPE: ☐ Renewal of Current Security Worker Licence # E35895 Expiry date: 2011-APR-03
 LICENCE TYPE: (check off only the types you are qualified for and wish to have on your renewed licence, including the type you hold now if still applicable.)
☐ Armoured Car Guard ☐ Security Alarm Response ☐ Private Investigator - under supervision
☐ Security Alarm Installer - under supervision ☐ Closed Circuit Television Installer ☐ Private Investigator
☐ Security Alarm Installer ☐ Electronic Locking Device Installer ☐ Security Consultant
☐ Security Alarm Monitor ☐ Locksmith - under supervision ☒ Security Guard
☐ Security Alarm Sales ☐ Locksmith ☐ Body Armour Sales
 DOGS and RESTRAINTS: (answer 'no' or 'yes' to the following ... 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.

PART 3: APPLICANT INFORMATION

You must answer/complete all sections.

CURRENT Name: (Surname) VAN TASSEL (Given) STEVEN (Title) DALE
 (check ☒ one) ☒ The name entered above is the same as recorded previously with the Registrar
☐ The name entered above is different than the one previously provided to the Registrar. I have attached documentation proving my name has been legally changed.
 from: (Surname) _____ (Given) _____ (Title) _____
 Date of Birth: (month/day/year) s.22 Gender: ☒ Male ☐ Female
 Citizenship: I was born in Canada. I have not previously submitted to the Registrar a copy of my birth certificate or Canadian Passport. I have attached s.22
 check ☒ only one) I was not born in Canada but have obtained my Canadian citizenship. A copy of my valid Canadian Passport is attached s.22
s.22 was not born in Canada, but I am legally entitled to work in Canada as proven by Immigration, permanent resident or citizenship documentation sent to the Registrar when I initially applied for my security worker licence.
 I was not born in Canada, but I am legally entitled to work in Canada as proven by my current work or study permit which is numbered: # _____ and expires: (year/month/day) _____

Physical Description: (This information will appear on your licence - you may update this information if applicable)

Height (inches or cent): s.22 Weight (lbs or kg): s.22 Hair Colour: s.22
 Eye Colour: s.22

Contact Information: (your contact information will not appear on your licence)

Residential Address: Apt # _____ Street Address s.22
 City/Town: s.22 Province: BC Postal Code: s.22

Mailing Address: (if your mailing address (not a PO Box number) is different than your residential address, please provide it below)

Phone: s.22 E-Mail Address: s.22
☒ Yes, send an electronic copy of my licence to this e-mail address when the original licence is mailed to me

FORM #SPD0505
 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 604 680-2421 / elsewhere in BC, toll-free 1-800-693-7667)
 Fax: (250) 387-4454 E-mail: sgspdsao@gov.bc.ca Security Industry and Licensing website: www.pssg.gov.bc.ca/securityindustry

Photograph (this photo will appear on your licence - it is optional to send in a photo upon receipt, but is mandatory that your photo on your licence be updated every two years):
☒ No ☐ Yes ... a passport-quality photo of myself that has been taken within the last 12 months is attached 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 Licensing website and in the guide, "Getting and Keeping your Security Worker Licence."

- **Security Alarm Installer** — attach copy of Certificate of Qualification (recognition credentials) of training 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.
 - **Locksmith** — ☐ attach a copy of Certificate of Qualification or ☐ 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 Certificate
 - **Security Consultant** — attach all 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
- Those licence types **DO NOT** need training and/or experience, therefore, no supporting documentation is required.
- **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 '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 'Guide', 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 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).
- ☒ 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).

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 superior officer (see the "Pre-Requirements" in the 'Guide' for details on what must be in the letter).
- ☐ Sheriff/Deputy Sheriff ☐ Corrections Officer ☐ Court-appointed Bailiff ☐ 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?

s.22

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

I hereby consent 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 fingerprints for that purpose. This consent will remain in effect for the duration of the period for which this licence is valid.

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

I hereby consent to my licence information (i.e., licence number 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.

Applicant's Signature: Steven Van Buren Date Signed: 2011/03/21

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 renewal application form.

Payment: Full payment must be submitted before processing can begin

- **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 cheques are not accepted - Do Not Send Cash)

Allow up to 30 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 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 260 398-1501.



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

Do Not Use this form if:
 - 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

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: ☐ bank-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

TERM OF LICENCE & FEE: ☐ 90 Days (\$60) ☒ One Year (\$120) ☐ Two Year (\$180) ☐ Three Year (\$240)

I am the owner and operator of a Sole Proprietorship Security Business (not a Partnership nor Corporation). ☒ No ☐ Yes

If yes, complete the following two fields and enter \$0 in the 'Total Enclosed' box below:

Current Security Business Licence # _____ Expires on: (year/month/day) _____

PART 2: APPLICATION DETAILS

TOTAL ENCLOSED: \$ 120

APPLICATION TYPE: ☐ New Applicant OR ☒ My licence has expired, so I must apply for a new licence.

The expired licence is #E 35895 It expired on: (year/month/day) 2010-04-02
 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)

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

PART 3: APPLICANT INFORMATION

Legal Name: (Surname) VAN TASSEL (Given) STEVEN (Middle) DALE

Additional Name(s) (first, middle name, etc.): (Surname) _____ (Given) _____ (Middle) _____
 (Surname) _____ (Given) _____ (Middle) _____

Date of Birth: (year/month/day) s.22 Gender: ☒ Male ☐ Female

Citizenship: I was born in Canada—attached is a clear copy of my birth certificate or valid Canadian Passport.

(check ☒ one) s.22 I was not born in Canada but now have citizenship—attached is a copy of my valid Canadian Passport or Citizenship Certification Card.

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 (IMM1002), Confirmation of Permanent Resident Document (IMM5292), Permanent Resident Card, OR my current work or student permit which is numbered: # _____ and expires (year/month/day) _____

Photo Identification: One clear copy of your photo ID is required - it must be current. Check off the type you are attaching:

- (check ☒ one) ☒ Driver's Licence ☐ Passport ☐ BCID ☐ Canadian Firearms Licence
☐ Canadian Permanent Resident Card ☐ Canadian Native Status Card (must have photo)

Physical Description: (this information will appear on your Licence) Height (inches or cm): s.22 Weight (lbs or kg): s.22

Hair Colour: s.22 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) 387-6961 (if outside Victoria, call through Enquiry BC: Vancouver 604 660-2421 / elsewhere in BC, toll-free 1-800-663-7857)
 Fax: (250) 387-4454 E-mail: sgspds@pssg.gov.bc.ca Security Industry and Licensing website: www.pssg.gov.bc.ca/securityindustry

Contact Information: (your contact information will not appear on your licence)

Residential Address: Apt# _____ Street Address: _____ s.22
 City/Town: _____ s.22 Province: BC Postal Code: _____ s.22
 Mailing Address: If your mailing address is different than your residential address, please provide it below:

Phone: _____ s.22 E-Mail Address: _____ s.22
☒ Yes, send an electronic copy of my licence to this email address when the original licence is mailed to me.

Photograph (this photo will appear on your licence): ☐ I have attached a passport-quality photo of myself that has been taken within the last 12 months.

Experience, Education and Training Certification: Full information on training and documentation you have to provide can be found on the Security Industry and Licensing website and in the guide, "Getting and Keeping your Security Worker Licence".

- Security Alarm Installer — attach copy of Certificate of Qualification (recognition credentials) of training or proven experience granted by the Industry Training Authority
 - Armoured Car Guard — attach copy of valid Authorization to Carry (ATC) a restricted firearm ... plus attach a copy of all supporting evidence of training and experience
 - Locksmith — a copy of Certificate of Qualification or attach documentation supporting your two years' experience
 - Private Investigator — attach all supporting evidence of training and experience
 - Security Guard — attach 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 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
- These licence types DO NOT need training and/or experience, therefore, no supporting documentation is required.*
- Security Alarm Monitor, Sales or Response • Security Alarm Installer Under Supervision
 - Closed Circuit Television Installer • Electronic Locking Device Installer • Private Investigator Under Supervision

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 'Guide', 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 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).
- ☒ No ☐ Yes, I am retired from the police forces — 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).

PEACE Officer Status: answer 'yes' or 'no' to the following ...

- ☒ No ☐ Yes ... I presently hold a position with Peace Officer status.
 ... If yes, indicate below what position you hold AND attach the confirmation letter from your superior officer (see the 'Pre-Requirements' in the 'Guide' for details on what must be in the letter).
- ☐ Sheriff/Deputy Sheriff ☐ Corrections Officer ☐ Court-appointed Bailiff ☐ Special Provincial or Municipal Constable

Mental Condition:

s.22

Criminal History:

s.22

**CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE SECURITY SERVICES ACT
 and CONSENT TO CRIMINAL RECORD CHECK**

I hereby consent 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 fingerprints for that purpose. This consent will remain in effect for the duration of the period for which this licence is valid.

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

I hereby consent to my licence information (i.e., licence number and licence status) being 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.

Applicant's Signature: Steven Van Bessel Date Signed: APRIL 10, 2012

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

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:

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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/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. 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

PAYMENT BY: ☐ bank-issued certified cheque or money order made payable to the Minister of Finance
☒ credit card (using Authorized Credit Card Usage form SPD0504) ☐ DO NOT SEND CASH. Personal Cheques not accepted.
TERM OF LICENCE & RENEWAL FEE: Schedule A: ☒ One Year (\$60) ☐ Two Year (\$120) ☐ Three Year (\$180)
Schedule B: ☐ Short-term, 90 days (\$60) ☐ One Year (\$120) ☐ Two Year (\$180) ☐ Three Year (\$240)
...if you are a SECURITY BUSINESS OWNER/OPERATOR answer 'yes' or 'no' to the following:
☒ No ☐ Yes ... 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.
Current Security Business Licence # E 35895 Expires on: (year/month/day) 2013-APR-27

PART 2: APPLICATION DETAILS

TOTAL ENCLOSED: \$ **60.00**

APPLICATION TYPE: ☒ Renewal of Current Security Worker Licence # _____ Expiry date: _____
LICENCE TYPE: (check off only the types you are qualified for and wish to have on your renewed licence, including the type you hold now if still applicable.)
☐ Armoured Car Guard ☐ Security Alarm Response ☐ Private Investigator - under supervision
☐ Security Alarm Installer - under supervision ☐ Closed Circuit Television Installer ☐ Private Investigator
☐ Security Alarm Installer ☐ Electronic Locking Device Installer ☐ Security Consultant
☐ Security Alarm Monitor ☐ Locksmith - under supervision ☒ Security Guard
☐ Security Alarm Sales ☐ Locksmith ☐ Body Armour Sales
DOGS and RESTRAINTS: (answer 'no' or 'yes' to the following ... 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.

PART 3: APPLICANT INFORMATION

You must answer/complete all sections.

CURRENT Name: (Surname) VAN TASSEL (Given) STEVEN (Last) DALE
(check ☒ one) ☒ The name entered above is the same as recorded previously with the Registrar
☐ The name entered above is different than the one previously provided to the Registrar. I have attached documentation proving my name has been legally changed.
from: (Surname) _____ (Given) _____ (Last) _____
Date of Birth: (year/month/day) s.22 Gender: ☒ Male ☐ Female
Citizenship: ☒ I was born in Canada. If I have not previously submitted to the Registrar a copy of my birth certificate or Canadian Passport, it is attached.
(check ☒ only one) ☒ I was not born in Canada but have obtained my Canadian citizenship. A copy of my valid Canadian Passport is attached.
s.22 ☒ I was not born in Canada, but I am legally entitled to work in Canada as proven by immigration, permanent resident or citizenship documentation sent to the Registrar when I initially applied for my security worker licence.
☐ I was not born in Canada, but I am legally entitled to work in Canada as proven by my current work or study permit which is numbered: # _____ and expires: (year/month/day) _____

Physical Description: (this information will appear on your licence - you may indicate this information if applicable)

Height (inches or cent): s.22 Weight (pounds or kg): s.22 Hair Colour: s.22
Eye Colour: s.22

Contact Information: (your contact information will not appear on your licence)

Residential Address: Apt. # _____ Street Address: s.22
City/Town: s.22 Province: BC Postal Code: s.22

Mailing Address: (if your mailing address is a PO Box number, it is different than your residential address, please provide it below)

Phone: s.22 E-Mail Address: s.22
☒ Yes, send an electronic copy of my licence to this e-mail address when the original licence is mailed to me.

FORM #SPD0504
PSSG110-007 (37/2010)

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) 387-8861 / (toll-free) 1-800-663-7867
Fax: (250) 387-4454 E-mail: spg@pssg.gov.bc.ca Security Industry and Licensing website: www.pssg.gov.bc.ca/securityindustry

Photograph (this photo will appear on your licence - it is optional to send in a photo upon renewal, but is mandatory that your photo on your licence be updated every five years)

☒ No ☐ Yes ... a passport-quality photo of myself that has been taken within the last 12 months is attached 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 Licensing website and in the guide, "Getting and Keeping your Security Worker Licence."

- **Security Alarm Installer** — attach copy of Certificate of Qualification (recognition credentials) of training or proven experience granted by the Industry Training Authority
 - **Armoured Car Guard** — attach copy of Authorization to Carry (ATC) & restricted firearms ... plus a copy of all supporting evidence of my training and experience is attached
 - **Locksmith** — ☐ attach a copy of Certificate of Qualification or ☐ 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 Certificate
 - **Security Consultant** — attach all 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
- These licence types **DO NOT** need training and/or experience, therefore, no supporting documentation is required.
- 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 '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 'Guide', 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 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).

☐ 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).

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 superior officer (see the "Pre-Requirements" in the 'Guide' for details on what must be in the letter).

☐ Sheriff/Deputy Sheriff ☐ Corrections Officer ☐ Court-appointed Bailiff ☐ 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?

s.22

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

I hereby consent 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 fingerprints for that purpose. This consent will remain in effect for the duration of the period for which this licence is valid.

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

I hereby consent to my licence information (i.e., licence number 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.

Applicant's Signature: Steven Van Tassell Date Signed: MARCH 04, 2013

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 renewal application form.

Payment: Full payment must be submitted before processing can begin.

• 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 cheques are not accepted - Do Not Send Cash)

Allow up to 30 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 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 250 356-1501

Page 50 redacted for the following reason:

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