BRITISH COLUMBIA
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Application for a NEW Security Business Licence

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

USE THIS FORM for a NEW security business licence, or if holding a security business licence that has expired. (Refer to website and to the guide, "*Getting and Keeping Your Security Business Licence*" for assistance in completing forms and other information.

PART 1: FEE & TERM

PAYMENT IS BY: ☐ bank-issued certified cheque or money order payable to Minister of Finance ☐ credit balance
☑ credit card using Authorized Credit Card Usage Form (#SPD0509) **DO NOT SEND CASH. Personal cheques are NOT accepted.**

TERM OF LICENCE & FEE: ☑ One Year ($500) ☐ Two Year ($775) ☐ Three Year ($1050)

TOTAL ENCLOSED: $ _____

PART 2: LICENCE TYPE

Application Type: ☑ NEW licence ☐ The security business holds an *expired* licence. The number is: # _____

The business does not have to provide any documentation that the Registrar already holds on record, but the business does have to complete all the fields on this form. The controlling members on record with the Registrar without a security worker licence must complete form SPD0518, not form SPD0510.

Check off *only* the security licence types the business is qualified for and intends to provide:

- ☐ Security Alarm Installer
- ☐ Security Alarm Sales
- ☐ Security Alarm Monitoring
- ☑ Security Alarm Response
- ☐ Closed Circuit Television Installer
- ☐ Electronic Locking Device Installer
- ☐ Locksmith
- ☐ Private Investigation
- ☐ Security Consultant
- ☑ Security Guard
- ☐ Armoured Car Guard (as per *'Guide', you are required to* attach documentation regarding the vehicle)

Dogs: ☑ No ☐ Yes ... **this security business requests authorization from the Registrar to use dogs for the purpose of security work.**

PART 3: BUSINESS INFORMATION

Type of Business (Company): ☐ Non-Registered Sole Proprietor ☐ Registered Sole Proprietor ☑ Corporation
☐ Non-Registered Partnership ☐ Registered Partnership

Legal Business Name: THÉMIS SECURITY SERVICES LTD

Trade Name or "*doing business as name*": THEMIS SECURITY LTD

☑ I have attached a copy of documentation verifying this security business has been registered in B.C.

Business Address:
Suite/#: 704 Street Address: 185-911 YATES ST. City/Town: VICTORIA Province: BC Postal Code: V8V 4Y9

Provide business mailing address if different than address above *(this is where the licence is to be mailed)*

_____

Business Manager: (Surname) FILIPOVIC (Given) MIRKO (Middle) _____

Business Phone: (250) 217-5915 Fax: (_____) _____ E-Mail: themis@shaw.ca

☐ No ☑ Yes, send a copy of licence to this e-mail when mailing original to the business

Identify individuals employed by the business who hold(s) a valid B.C. Security Worker Licence that supports the various licence types the business wishes to be licensed for.

Name: (Surname) FILIPOVIC (Given) MIRKO (Middle) _____ Security Worker Licence Number: E74302

Name: (Surname) _____ (Given) _____ (Middle) _____ Security Worker Licence Number: _____

Name: (Surname) _____ (Given) _____ (Middle) _____ Security Worker Licence Number: _____

Insurance: ☑ Yes, attached is a copy of the security business's valid general liability insurance (of *not less than $1 million coverage*).

BRANCH OFFICES:

Suite/PO#_____ Street Address: _____ City/Town: _____ Province: _____ Postal Code:_____

Br. Manager Name: (Surname)_____ (Given)_____ (Middle)_____ Br Manager Phone: (_____) _____

Suite/PO#_____ Street Address: _____ City/Town: _____ Province: _____ Postal Code:_____

Br. Manager Name: (Surname)_____ (Given)_____ (Middle)_____ Br Manager Phone: (_____) _____

Attach separate sheet if more branch offices to list - a copy of the licence will be issued for posting in each of the branch offices recorded

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**

PART 4: CONTROLLING MEMBERS OF THE BUSINESS OPERATION

Indicate, below, the name and position held by every individual who has control or is able to control the operation of the business. Plus, check one of the three boxes pertaining to each member's

NAME	POSITION HELD IN THE SECURITY BUSINESS	This individual (controlling member) must: • hold a current Security Worker Licence, *OR* • complete the form *"Authorization and Acknowledgement of Information Collection and Use AND Consent to Criminal Record Check"* (#SPD0510), plus comly with other requirements as listed in the *"Controlling Members of a Security Business Guide"*; *OR* • **if the business holds an expired** licence and the individual does not have a current worker licence but has submitted form #SPD510 previously, the individual must complete **"Controlling Member of a Security Business Reporting and UPDATE"** (#SPD0518)
Surname: FiLiPOViC Given: MiRKO Middle:		☑ Yes, this individual holds a current security worker licence: # E7 4302 ☐ No, this individual does not hold a security worker licence so has completed the form identified above (SPD0510) and will follow all requirements listed in the controlling member guide. ☐ This individual is submitting the completed and signed update form #SPD0518
Surname: Given: Middle:		☐ Yes, this individual holds a current security worker licence: # ☐ No, this individual does not hold a security worker licence so has completed the form identified above (SPD0510) and will follow all requirements listed in the controlling member guide. ☐ This individual is submitting the completed and signed update form #SPD0518
Surname: Given: Middle:		☐ Yes, this individual holds a current security worker licence: # ☐ No, this individual does not hold a security worker licence so has completed the form identified above (SPD0510) and will follow all requirements listed in the controlling member guide. ☐ This individual is submitting the completed and signed update form #SPD0518
Surname: Given: Middle:		☐ Yes, this individual holds a current security worker licence: # ☐ No, this individual does not hold a security worker licence so has completed the form identified above (SPD0510) and will follow all requirements listed in the controlling member guide. ☐ This individual is submitting the completed and signed update form #SPD0518
Surname: Given: Middle:		☐ Yes, this individual holds a current security worker licence: # ☐ No, this individual does not hold a security worker licence so has completed the form identified above (SPD0510) and will follow all requirements listed in the controlling member guide. ☐ This individual is submitting the completed and signed update form #SPD0518
Surname: Given: Middle:		☐ Yes, this individual holds a current security worker licence: # ☐ No, this individual does not hold a security worker licence so has completed the form identified above (SPD0510) and will follow all requirements listed in the controlling member guide. ☐ This individual is submitting the completed and signed update form #SPD0518

CONSENT and ACKNOWLEDGEMENT

ON BEHALF OF the applicant business entity, I hereby consent to and acknowledge that:

- the security business licence will be kept continuously on display in a conspicuous place in every office in which I am permitted, under the licence, to carry on business.
- I will advise the Registrar *within 14 days of the occurrence* and report to the Registrar the following:
  - changes to the business address;
  - changes in the ownership or management of the security business;
  - addition of any individual who has control or the ability to control in the operation of the business;
- the security business licence will be surrendered in the event that the business ceases operation or does not have an employee(s) that holds a valid security worker licence of a type that matches the security business licence type.
- the security business's licence information (legal business name, security licence number and licence status) is to be made publicly accessible through the Security Licensing and Information website.

I AM AUTHORIZED to sign this application on behalf of the business entity.

I HEREBY CERTIFY THAT I have read and understand all portions of this application form and information set out by me in this application is true and correct to the best of my knowledge and belief. I have read and understood the Security Services Act, Regulations and conditions.

Applicant on behalf of the Business:
Name: FiLiPOViC, MiRKO **Signature:** M. Fi[illegible] **Date:** 2010/04/14

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 250 356-1501.

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Authorization and Acknowledgement of Information Collection and Use AND Consent to a Criminal Record Check
— under the Security Services Act

The following section *must be completed* by every individual who has control or who is able to control the operation of the security business *unless* the the individual already holds a valid B.C. Security Worker Licence and that licence number is provided to the Registrar, Security Services Act, when the business applies for, updates or renews a licence. *Important:* refer to the *"Controlling Members of a Security Business Guide"* for full information on a controlling member's responsibilities. The website is also a source for various resouces such as definitions, legislation, policy, etc., and the Code of Conduct which must be followed.

Legal Name of the Security Business applying for/holding a security business licence:
THEMIS SECURITY SERVICES LTD

Your Legal Name: (Surname) FILIPOVIC (Given) MIRKO (Middle) _____

Other Name(s): *(alias, maiden name, etc.)*

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

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

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

Residential Address:
Apt.# s.22 Street Address s.22 City/Town: VICTORIA
Province/State: BC Country: CANADA Postal Code/Zip: s.22
Home Phone: (250) 217-5915 E-mail: themis@shaw.ca

Citizenship: (check [✓] one)
☑ I am a Canadian Citizen —attached is a clear copy of my birth certificate *or* valid Canadian Passport *or* Citizenship Certification Card.
☐ I am not a Canadian Citizen

Residence: (check [✓] one)
☑ I reside in Canada — I have indicated below the **one** piece of photo identification I will attach a copy of:
- ☑ Drivers Licence (Canadian issued) ○ Passport ○ BCID ○ Canadian Firearms Licence
- ○ Canadian Permanent Residence Card ○ Canadian Native Status Card (must have photo)

☐ I do not reside in Canada — I have attached a copy of two pieces of current/valid identification, one of them is photo identification.

Fingerprints: (check [✓] one)
☑ *Yes*, I reside in Canada and ....☑ *Yes*, the Registrar already has my fingerprints on record; *OR*
○ *No*, the Registrar does not have my fingerprints on record, therefore, I have attached the Confirmation of Fingerprints slip (form #SPD0507) stamped by the policing agency.
☐ *No*, fingerprints are not required from me as I do not reside in Canada

B.C. Security Licence History (check ONE of the 3 options below):
1. ☐ I am currently a controlling member of *another* licensed Security Business in B.C. *(other than the one named above)*
   Legal Business Name: _____ Security Bus.Lic. #_____ Expiry date (year/month/day):_____
2. ☐ I once had financial interest in or was a controlling member of a B.C. Security Business:
   Legal Business Name: _____ Security Bus.Lic. #_____ Expiry date (year/month/day):_____
3. ☑ I have never been a controlling member of a Security Business.

Has a judgement of any court order been issued against you?
s.22 ... and details are: _____

Have you had a undischarged business bankruptcy or been involved in a company that has declared bankruptcy or is in the process of declaring bankruptcy?
s.22 The business licence number is #_____ Bankruptcy date: (year/month/day)_____

POLICE Officer Status: *answer 'yes' or 'no' to the following questions and follow corresponding insructions.*

☐ No ☐ Yes, **I am currently a member of a police force as defined in the Police Act.**

. . . ***if yes,*** as indicated in the 'Guide', a controlling member ***may not*** be a member of a police force and if so, the business's application for a security licence 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

Criminal History: Do you have a criminal record? s.22

Mental Condition: Have you ever been treated for a mental condition? s.22

If yes, you must have the *Mental Condition Form* (SPD0511) completed by your physician and provided to the Registrar, Security Programs and Police Technology Division. (All forms and information are on the Security Industry and Licensing website)

If you do not wish to attach the completed mental condition form to this document, you may send it to the Registrar directly, BUT YOU MUST complete the covering slip at the end of this form, cut along dotted line, and attach it to the the mental condition form: Check one of the following so both the business entity manager and Registrar know what to expect:

☐ I have attached the completed mental condition form

☐ I have not attached the completed mental condition form now, but will send it to the Registrar directly using the covering slip.

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

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

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

I agree that I will notify the Registrar of any new charge or conviction against me, or of any change in my residential address or legal name or peace officer status, or if I begin treatment for a mental condition.

PRINT NAME: FILIPOVIC, MIRKO **SIGNATURE:** M. F **DATE:** 2010/04/14

DISCLOSURE

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COVERING SLIP for completed mental condition form

TO: Ministry of Public Safety and Solicitor General
Policing and Community Safety Branch
Security Programs and Police Technology Division
PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1
Attention: Registrar, Security Services - Licensing Dept.

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

FROM: Name: (surname)_____ (given)_____ (middle) _____

Date of Birth: (year/month/day) _____

ATTACHED: ***Completed Mental Condition Form***

I am control or am able to control the business operations of the Security Business, identified below, that is currently applying for a new licence, is updating their current licence records or is renewing their licence.

Legal Name of Security Business: _____

Security Business Licence Number (if known): _____

Trade Name of Security Business (doing business as): _____

s.22

s.22

AON

Insurance Brokers
Risk Consultants

To: Themis Security Ltd.

Certificate of Insurance

Dated: April 15, 2010

This is to Certify that

Insurance as described hereunder has been arranged on behalf of the Assured named herein and that such Insurance, at the date hereof, is in full force and effect.

Assured: **THEMIS SECURITY LTD.**

Term: Annual

s.22

Effective: April 19, 2010

Payee: The Insured or Order

Expires: April 19, 2011

POLICY NUMBER	COMPANY	SUM INSURED
TBA	Totten Insurance Group Inc.	100%

Interest Insured: **COMMERCIAL GENERAL LIABILITY, - Covering operations of the Insured.**

Sum Insured or Limits of Liability: s.21

Conditions: As Per Policy Terms, Conditions and Exclusions.

THIS POLICY CONTAINS A CLAUSE WHICH MAY LIMIT THE AMOUNT PAYABLE

The Insurance described above is subject to the limitations, exclusions and conditions contained in the policies.

1803 Douglas Street, 6th Floor, Victoria, BC Canada V8T 5C3
tel: (250) 388-7577 • fax: (250) 388-5164
toll free: 1-877-388-7577

Aon Reed Stenhouse Inc.

K. Wilson

A - 005

BRITISH COLUMBIA
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Ministry of Finance
BC Registry Services

Mailing Address:
PO BOX 9431 Stn Prov Govt.
Victoria BC V8W 9V3
www.corporateonline.gov.bc.ca

Location:
2nd Floor - 940 Blanshard St.
Victoria BC
250 356-8626

Incorporation Application

FORM 1
BUSINESS CORPORATIONS ACT
Section 10

CERTIFIED COPY
Of a Document filed with the Province of British Columbia Registrar of Companies

RON TOWNSHEND
March 25, 2010

FILING DETAILS:	*Incorporation Application for:* **THEMIS SECURITY SERVICES LTD.**
	Incorporation Number: **BC0877048**
Filed Date and Time:	**March 25, 2010 10:06 PM Pacific Time**
Recognition Date and Time:	**Incorporated on March 25, 2010 10:06 PM Pacific Time**

INCORPORATION APPLICATION

lame Reservation Number:
IR3790654

Name Reserved:
THEMIS SECURITY SERVICES LTD.

ICORPORATION EFFECTIVE DATE:

ıe incorporation is to take effect at the time that this application is filed with the Registrar.

CORPORATOR INFORMATION

ast Name, First Name, Middle Name:
LIPOVIC, MIRKO

[redacted]

BRITISH COLUMBIA

File 1385-20/Filipovic

January 14 2009

Mirko Filipovic

s.22

Re: Letter of Permission for Secondary Security Employment

Dear Mirko:

Further to your request, this letter is to provide you with authorization to work as a security employee pursuant to the *Private Investigations & Security Agencies Act*. This permission is contingent on your commitment to adhere to the Code of Conduct for Correctional Offices, the Standards of Conduct for Public Service Employees and the Government of British Columbia's policies on conflict of interest. It is your obligation to ensure that you comply with these principles and I encourage you to familiarize yourself with these policies prior to commencing secondary employment.

In addition, I note that it is the expectation of the Corrections Branch that employment at s.22 remains your principle employment. As such, it is also expected that any secondary employment will not affect your ability to fully carry out your duties at s.22

Please do not hesitate to contact me if you have any questions.

Yours truly,

s.22

pc: Alexis Eagles, Human Resources Consultant, BCPSA
Personnel File

Protect Communities, Reduce Reoffending

s.22

Province of British Columbia | Ministry of Attorney Gen

Security Programs Division
525 Fort Street
Victoria, British Columbia
V8V 1X4
Phone: (604) 387-6981

APPLICATION FOR A SECURITY BUSINESS LICENCE

OFFICE USE ONLY

LICENCE NUMBER
LICENCE ISSUE DATE
LICENCE EXPIRY DATE
LICENCE FEE

TO CARRY ON BUSINESS AS: 36 66

(X) ALARM SERVICE SALES ONLY ..... PRIVATE INVESTIGATOR (X) SECURITY PATROL

..... LOCKSMITH ..... SECURITY CONSULTANT ..... ARMOURED CAR SERVICE

..... AS AN INDIVIDUAL (Complete Parts I and II) ..... AS A PARTNERSHIP (Complete Parts I and II) ..... AS A CORPORATION (Complete Parts I and III)

PART I — TO BE COMPLETED BY ALL APPLICANTS

(The term "applicant" in questions 9 to 15, in the case of a corporation, includes any of those persons mentioned in PART III, Question 4)

1. NAME AND ADDRESS OF BUSINESS (Trade name under which applicant wishes to do business)

FOOT PRINTS SECURITY SYSTEMS (V.I.), INC.

Telephone 752-3433

Postal Code V0R2T0

MAILING ADDRESS (If different from above)

BOX 1926, QUALICUM BEACH, B.C. Postal Code: V0R2T0

2. IF APPLICATION IS BEING MADE ON BEHALF OF A BRANCH OFFICE, COMPLETE THE FOLLOWING:

(a) NAME AND ADDRESS OF APPLICANTS HEAD OFFICE (NUMBER AND STREET) (CITY, TOWN, VILLAGE) (POSTAL CODE) ..... TELEPHONE No.: .....

(b) NAME OF MANAGER OF BRANCH OFFICE ..... BIRTHDATE: .....

(c) RESIDENT ADDRESS OF BRANCH MANAGER (NUMBER AND STREET) (CITY, TOWN, VILLAGE) (POSTAL CODE)

(d) BRANCH MANAGER WILL OPERATE THE BRANCH ON A ..... FULL TIME ..... PART TIME BASIS (If part time, state other occupation)

3. IS THE BUSINESS CONDUCTED FROM:
An office building or similar business premises? ..... NO (✓) YES
A private residence? ..... NO ..... YES
(a) If yes, is office set apart from dwelling? (✓) NO ..... YES
(b) Is office readily accessible to general public by means of separate entrance? ..... NO (✓) YES

SECURITY PROGRAMS DIVISION RECEIVED $102.00 ACCOUNTS JAN 12 1987 BY 752-4481 DON WILBURN

4. DOES THE APPLICANT INTEND TO OPERATE A BUSINESS ON A FULL TIME BASIS? (✓) OR PART-TIME?

5. NUMBER OF SECURITY EMPLOYEES 7 (Attach list showing names of security employees)

6. AMOUNT OF BOND ..... (Submit proof of bonding)

7. WHAT TYPE OF INVESTIGATIVE WORK DOES THE APPLICANT INTEND TO CARRY OUT?

8. LIST CHARTERED BANK, TRUST COMPANY OR OTHER FINANCIAL INSTITUTION WHERE THE APPLICANT HAS BEEN KNOWN DURING PAST 10 YEARS GIVING BRANCH AND ACCOUNT No. (Attach separate sheet if necessary)

ROYAL BANK, QUALICUM BEACH } ACCT. NOS.

s.21

9. (a) HAS THE APPLICANT EVER APPLIED FOR A SECURITY EMPLOYEE OR BUSINESS LICENCE IN ANY PROVINCE, TERRITORY, STATE OR COUNTRY? ..... NO (✓) YES (If YES give particulars)

A.G. OFFICE, VICTORIA, B.C.

(b) HAS THE APPLICANT EVER BEEN REGISTERED OR EMPLOYED AS A SECURITY EMPLOYEE IN ANY PROVINCE, TERRITORY, STATE OR COUNTRY? ..... NO (✓) YES (If YES give particulars)

BY: QUALICUM SECURITY, QUALICUM BEACH, V0R2T0

10. HAS THE APPLICANT EVER USED, OPERATED UNDER OR CARRIED ON BUSINESS UNDER ANY OTHER THAN THE NAME IN WHICH THE APPLICATION IS SUBMITTED? ..... NO (✓) YES (If YES give particulars)

QUALICUM SECURITY

11. DOES THE APPLICANT HAVE ANY FINANCIAL OR INTEREST IN ANY OTHER SECURITY BUSINESS? ..... NO (✓) YES (If YES give particulars)

FOOT PRINTS SYSTEMS INC. (FED. COMPANY)

12. HAS ANY CIVIL JUDGEMENT OF ANY COURT BEEN ISSUED AGAINST THE APPLICANT? (If YES give particulars)

s.22

13. HAS THE APPLICANT BEEN CHARGED, INDICTED OR CONVICTED OF ANY OFFENCE UNDER ANY LAW OF ANY PROVINCE, TERRITORY, STATE OR COUNTRY? (If YES give particualars)

s.22

14. (a) IS THE APPLICANT AN UNDISCHARGED BANKRUPT? (If YES give particulars)

s.22

(b) HAS THE APPLICANT BEEN INVOLVED AS AN OFFICIAL IN ANY COMPANY WHICH IS A DECLARED BANKRUPT OR IS IN THE PROCESS OF BANKRUPTCY? (If YES give particulars)

s.22

15. (a) IS APPLICANT OR ANY EMPLOYEE A MEMBER OF A POLICE FORCE (INCLUDE AUXILIARY)? (✓) NO ..... YES (If YES name Force)

(b) IS APPLICANT A COLLECTOR OR COLLECTION AGENT AS DEFINED IN THE DEBT COLLECTION ACT? (✓) NO ..... YES

(c) IS THE APPLICANT A BAILIFF? (✓) NO ..... YES

HAS THE APPLICANT EVER BEEN REFUSED A LICENCE UNDER THE DEBT COLLECTION ACT? (✓) NO ..... YES

7/85

ART III — TO BE COMPLETED BY AN OFFIC OR DIRECTOR OF A CORPORATION

1. NAME OF CORPORATION

FOOT PRINTS SECURITY SYSTEMS (V.I.), INC.

2. THE APPLICANT IS A CORPORATION

(a) WHOSE HEAD OFFICE IS LOCATED OUTSIDE BRITISH COLUMBIA AT .....

.....

(b) WHOSE BRITISH COLUMBIA HEAD OFFICE IS LOCATED AT .....

.....

3. THE APPLICANT IS A CORPORATION

(a) WHOSE HEAD OFFICE IS LOCATED IN BRITISH COLUMBIA AT .....

.....

(b) WHOSE BRANCH OFFICES ARE LOCATED AT .....

.....

NOTE: ATTACH COPY OF CERTIFICATE OF INCORPORATION OR CERTIFICATE OF REGISTRATION ISSUED BY THE REGISTRAR OF COMPANIES.

4. (a) LIST NAMES, BIRTHDATES AND RESIDENT ADDRESSES OF CORPORATION DIRECTORS AND SENIOR OFFICERS AS DEFINED IN THE COMPANY ACT.

NAME IN FULL	BIRTHDATE	RESIDENT ADDRESS	Active As Security Employees Yes	No	TITLE
MICHAEL THOMAS COLLERY	s.22	BOX 876, QUALICUM BEACH	✓		SEC.
SARAH ANN COLLERY		BOX 876, QUALICUM BEACH	X	✓	PRES.

(b) LIST NAMES, BIRTHDATES AND RESIDENT ADDRESSES OF PERSONS HOLDING SHARES OF THE CORPORATION CARRYING MORE THAN 30% OF THE VOTES FOR THE ELECTION OF DIRECTORS WHETHER SHARES ARE HELD BENEFICIALLY OR IN TRUST — IF SHARES HELD IN TRUST, INCLUDE NAMES OF PERSONS FOR WHOM THEY ARE HELD BENEFICIALLY.

NAME IN FULL	BIRTHDATE	RESIDENT ADDRESS	Active as Security Employee Yes	No

5. HAS THE APPLICANT (CORPORATION) EVER BEEN CHARGED, INDICTED OR CONVICTED OF ANY CRIMINAL OFFENCE UNDER ANY LAW OF ANY PROVINCE, TERRITORY, STATE OR COUNTRY? s.22 (If YES give particulars, place, date, Police Dept., offence, sentence)

.....

I AM WE ARE PRESIDENT Sarah A. Collery Co. SECRETARY M.T. Collery OF THE APPLICANT COMPANY AND CERTIFY THAT THE INFORMATION
(State Position in Corporation)

SET OUT BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HEREBY AUTHORIZE/CONSENT TO THE RELEASE TO THE REGISTRAR OF ANY PERSON AUTHORIZED BY HIM ALL CREDIT OR PERSONAL INFORMATION RELATIVE TO THIS APPLICATION.

Dec. 6, 1986
DATE

President Sarah A. Collery
Co-Secretary M.T. Collery
SIGNATURE

CORPORATE SEAL

PART II — TO BE COMPLETED BY AN APPLICANT WHO WILL CARRY ON A BUSINESS AS AN INDIVIDUAL OR IN PARTNERSHIP

1. SURNAME (Mr., Mrs., Miss, Ms.) FULL GIVEN NAMES (No initials)

FORMER NAME, MAIDEN NAME, ALIASES, ETC.

2. RESIDENT ADDRESS (Street, Apt. No.) City or Town Province Postal Code

Telephone:

3. NATIONALITY ..... CANADIAN
..... OTHER (Specify)

4. OCCUPATION

5. DATE OF BIRTH
YR. ..... MO. ..... DAY .....

6. PLACE OF BIRTH (City, Town, Village) PROV., TERR., STATE OR COUNTRY

7. IF BORN OUTSIDE CANADA — ARRIVAL DATE IN CANADA YR. ..... MO. ..... DAY .....

8. SOCIAL INSURANCE No. 9. DRIVER'S LICENCE No. 10. MEDICAL SERVICE I.D. No. 11. WORK PERMIT No.

(8, 9, 10 — Complete any two) (Attach copy)

12. PHYSICAL DESCRIPTION
HEIGHT ..... EYE COLOUR .....
WEIGHT ..... COMPLEXION ..... HAIR COLOUR .....

13. MARKS, SCARS, TATTOOS

14. BLOOD GROUP FACTOR

15. PLACE OF RESIDENCE PAST TEN YEARS — If insufficient space attach separate sheet

STREET AND No., APT. No.	CITY, TOWN, VILLAGE	YEAR From	YEAR To

16. EMPLOYMENT RECORD PAST TEN YEARS — If insufficient space attach separate sheet

EMPLOYER'S NAME AND ADDRESS	TYPE OF WORK	REASON FOR LEAVING	FROM MO.	FROM YR.	TO MO.	TO YR.

17. EDUCATION AND TRAINING

NAME AND ADDRESS OF LAST PRIMARY OR SECONDARY SCHOOL ATTENDED LAST GRADE COMPLETED YEAR

LIST ANY POST SECONDARY DEGREES OR DIPLOMAS HELD .....

SPECIFY OTHER TRAINING, SKILLS OR EXPERIENCE RELATIVE TO LICENCE APPLIED FOR .....

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

FULL NAME	ADDRESS	BUSINESS OR OCCUPATION	LENGTH OF TIME KNOWN

19. (a) IS THE APPLICANT AN INDIVIDUAL WHO WILL CARRY ON THE BUSINESS ALONE? ..... NO ..... YES

(b) IF SO, WILL ANY OTHER PERSON HAVE ANY FINANCIAL OR OTHER INTEREST IN THE OPERATION OF THE BUSINESS? ..... NO ..... YES (If YES give particulars)

IF REGISTERED AS PROPRIETORSHIP, ATTACH COPY OF "DECLARATION FOR PARTNERSHIP AND BUSINESS NAME" CERTIFIED BY THE REGISTRAR OF COMPANIES.

20. IF THE APPLICANT IS IN PARTNERSHIP GIVE NAMES, ADDRESSES AND BIRTHDATES OF ALL PARTNERS

IF REGISTERED AS PARTNERSHIP, ATTACH COPY OF "DECLARATION FOR PARTNERSHIP AND BUSINESS NAME" CERTIFIED BY THE REGISTRAR OF COMPANIES.

21. WILL ANY PERSON OTHER THAN THE APPLICANT HAVE ANY FINANCIAL OR OTHER INTEREST IN THE OPERATION OF THE BUSINESS? ..... NO ..... YES (If YES give particulars)

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/CONSENT TO THE RELEASE TO THE REGISTRAR OR HIS LAWFUL AGENT ALL CREDIT OR PERSONAL INFORMATION RELATIVE TO THE APPLICATION.

DATE SIGNATURE POSITION IN APPLICANT COMPANY