



# Royal Victoria Security Ltd.

103 - 920 Hillside Ave., Victoria, B.C. V8T 1Z8 • 382-1177

1913/3434

June 04, 1999

Sylvia Montagnaro  
Ministry Of Attorney General  
Security Programs Division  
P.O. Box 9217 Stn Prov Govt.  
Victoria, B.C. V8W 9J1

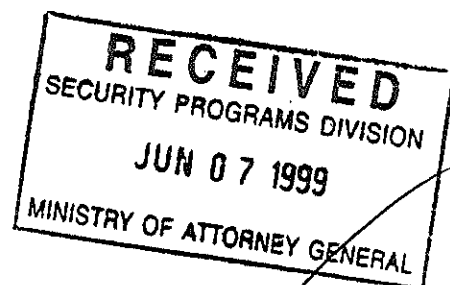
Dear Sylvia,

As per our telephone conversation this date, I would like to inform you, that effective July 01, 1999, ROYAL VICTORIA SECURITY LTD. will cease business operation and surrender it's Security Business Licence issued by your office. Also effective the same date, A. RAI ENTERPRISE LTD. (dba. Royal Victoria Security) will commence Security Business as a new Corporation.

If you require further information, please contact me at (250) 382-1177.

Yours truly,

Arvind Singh  
President



DD. July 1/99 JR.



Security Programs Division  
2881 Nanaimo Street  
Victoria, British Columbia  
V8V 1X4  
Phone: (604) 387-6981

APPLICATION FOR A SECURITY  
BUSINESS LICENCE

72090 / 3434  
500.  
OFFICE USE ONLY

TO CARRY ON BUSINESS AS:

- ..... LOCKSMITH ..... ALARM SERVICE\* ..... PRIVATE INVESTIGATOR  
✓ ..... SECURITY PATROL ..... ALARM SERVICE - SALES ONLY ..... SECURITY CONSULTANT  
..... ARMoured CAR SERVICE ..... ALARM SERVICE - MONITORING ONLY  
..... AS AN INDIVIDUAL ..... AS A PARTNERSHIP ✓ ..... AS A CORPORATION  
(Complete Parts I and II) (Complete Parts I and II) (Complete Parts I and III)

LICENCE NUMBER
LICENCE ISSUE DATE
LICENCE EXPIRY DATE
LICENCE FEE

\*ATTACH COPY OF CERTIFICATE OF COMPETENCY

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)  
A. RAI ENTERPRISE LTD. DBA Royal Victoria Security  
4173 Jagat Place - Victoria, B.C.  
Telephone: 822  
Postal Code: V8X 5H3

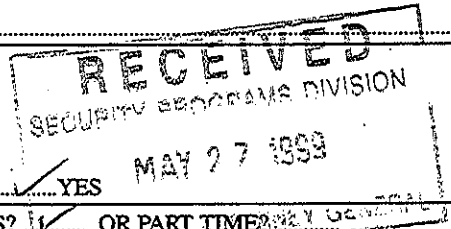
MAILING ADDRESS (If different from above)

Postal Code:

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  
4. DOES THE APPLICANT INTEND TO OPERATE A BUSINESS ON A FULL TIME BASIS? ✓ OR PART TIME? .....  
5. NUMBER OF SECURITY EMPLOYEES ..... (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)

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)  
Security Employee Licence 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)  
AS ABOVE

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)

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

12. HAS ANY CIVIL JUDGEMENT OF ANY COURT BEEN ISSUED AGAINST THE APPLICANT? ..... NO ✓ YES  
(If YES give particulars)

13. HAS THE APPLICANT BEEN CHARGED, INDICTED OR CONVICTED OF ANY OFFENCE UNDER ANY LAW OF ANY PROVINCE, TERRITORY, STATE OR COUNTRY? ..... NO ✓ YES (If YES give particulars)

14. (a) IS THE APPLICANT AN UNDISCHARGED BANKRUPT? ..... NO ✓ YES (If YES give particulars)

- (b) HAS THE APPLICANT BEEN INVOLVED AS AN OFFICIAL IN ANY COMPANY WHICH IS A DECLARED BANKRUPT OR IS IN THE PROCESS OF BANKRUPTCY? ..... NO ✓ YES (If YES give particulars)

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

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

4. OCCUPATION

5. DATE OF BIRTH

OTHER (Specify)

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

13. MARKS, SCARS, TATTOOS

14. BLOOD GROUP FACTOR

HEIGHT

EYE COLOUR

HAIR

WEIGHT

COMPLEXION

COLOUR

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

YEAR

STREET AND No., APT. No.

CITY, TOWN, VILLAGE

From

To

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

FROM

TO

EMPLOYER'S NAME AND ADDRESS

TYPE OF WORK

REASON FOR LEAVING

MO. YR.

MO. 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

LENGTH OF TIME KNOWN

FULL NAME

ADDRESS

BUSINESS OR OCCUPATION

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

1. NAME OF CORPORATION A. RAI ENTERPRISES LTD.

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 4173 Jaggat Place  
VICTORIA, B.C. V8X5H3

3. THE APPLICANT IS A CORPORATION

(a) WHOSE HEAD OFFICE IS LOCATED IN BRITISH COLUMBIA AT "as above"

(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		TITLE
			Yes	No	
<u>HarneJ Kaur Singh</u>	<u>s.22</u>	<u>s.22</u>	<u>s.22</u>	<u>s.22</u>	<u>President Secretary</u>

(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
<u>HarneJ Kaur Singh</u>	<u>s.22</u>	<u>s.22</u>	<u>s.22</u>	<u>s.22</u>

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? NO YES (If YES give particulars: place, date, Police Dept., offence, sentence)

I AM President 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.

25 May 1999.  
DATE

AB Singh  
SIGNATURE

CORPORATE  
SEAL

May 25, 1999

Security Programs Division  
Ministry Of Attorney General  
P.O. Box 9217, Stn Prov Govt.  
Victoria, B.C. V8W 9J1

To Whom It May Concern:

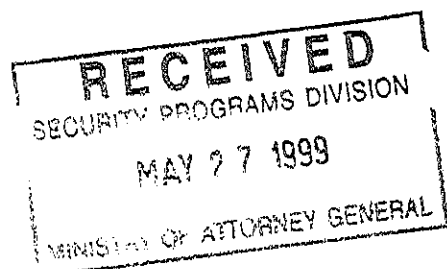
This letter is to inform you that Mr. Janusz Miskiewicz will be the Manager for Security Patrol Service for A. RAI ENTERPRISE LTD. Mr. Miskiewicz is currently holding a valid Security Employee Licence No. 43334.

This letter also declares, that in the event that Mr. Miskiewicz resigns his position as the Manager and no other qualified person is employed as a Manager that the Security Business Licence will then be surrendered to Security Programs Division.

Yours truly,



Harmeij Singh  
President  
A. RAI ENTERPRISE LTD.





BRITISH  
COLUMBIA

Ministry of Finance  
and Corporate Relations  
Corporate and Personal  
Property Registries

2nd Floor - 940 Blanshard St.  
PO Box 9431 Stn Prov Govt  
Victoria BC V8W 9V3

Telephone: (250) 356-8626  
Hours: 8:30 - 4:30 Monday to Friday

# ANNUAL REPORT

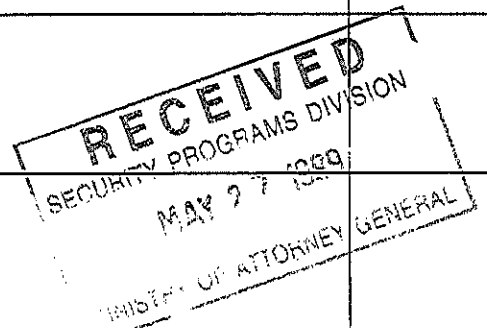
FORM 16  
Sections 333 and 334  
COMPANY ACT

Please check this form for any errors or omissions  
(Instructions on reverse)

Filing Fee \$35.00 Page 1 of 1

<b>A</b> FULL NAME OF COMPANY  A. RAI ENTERPRISE LTD. 848 FORT ST VICTORIA BC V8W 1H8		<b>B</b> REGISTERED OFFICE ADDRESS	<b>C</b> CERTIFICATE OF INCORPORATION NUMBER 512487
			<b>D</b> DATE OF INCORPORATION, AMALGAMATION OR CONTINUATION 1996 JANUARY 25
			<b>E</b> IS THIS A REPORTING COMPANY? NO
			<b>F</b> DATE OF ANNUAL REPORT (ANNIVERSARY DATE) 1999 JANUARY 25
			OFFICE USE ONLY - DO NOT WRITE IN THIS AREA
<b>G</b> Has there been a change of registered or records office address? If YES, a Notice to Change Office (Form 4) must be filed. See instructions on reverse.	<b>H</b> Has there been a change of directors? If YES, a Notice of Directors (Form 8/9) must be filed. See instructions on reverse.		

I DIRECTORS		LAST NAME	FIRST NAME AND INITIALS (IF ANY)	RESIDENTIAL ADDRESS	CITY	PROVINCE	POSTAL CODE
SINGH,			HARMEJ K.	s.22			s.22
J OFFICERS							
SINGH,		PRESIDENT/SECRETARY	HARMEJ K.	s.22			s.22



<b>K</b> CERTIFIED CORRECT - Signature of a current Director, Officer, or Company Solicitor  K Singh	DATE SIGNED Y M D 
--	--------------------------

FIN718/A Rev.96 / 9 / 26(Prescribed)



13686656



AR



BC/0512487

Pages 7 through 8 redacted for the following reasons:

-----

# WELLINGTON INSURANCE

Wellington Insurance Company  
Head Office: 181 University Avenue  
Toronto, ON M5H 3M7

**RECEIVED**  
SECURITY PROGRAMS DIVISION  
MAY 27 1999  
OF ATTORNEY GENERAL

Bond No.

## "PRIVATE INVESTIGATORS AND SECURITY AGENCIES ACT (STATUTES OF BRITISH COLUMBIA 1980, CHAPTER 45)"

EFFECTIVE DATE: MAY 18, 1999

BOND NO. 356-46761

KNOW ALL MEN BY THESE PRESENTS THAT -- WELLINGTON INSURANCE COMPANY being an insurer licensed in the Province of British Columbia, having its head office in the Province of British Columbia at 510 BARRARD STREET, VANCOUVER, B.C. hereinafter called the "Company" is held and firmly bound unto the Registrar as defined in Section 1 of the Private Investigators and Security Agencies Act, of Victoria, in the said Province, hereinafter called the "Registrar", in the penal sum of ~~---FIFTEEN THOUSAND-00/100 (\$15,000)~~ dollars, of lawful money of Canada, to be paid to the said Registrar, his successors in office, and assigns, for which payment, well and truly to be made, the Company binds itself and its successors firmly by these presents.

SEALED with the Common Seal of the Company this 19<sup>TH</sup> day of MAY 1999.

WHEREAS A. RAI ENTERPRISE LTD. D/B/A ROYAL VICTORIA SECURITY OF 4173 JAGET PLACE, VICTORIA, B.C. V8X 5H3 in the Province of British Columbia, hereinafter called the "Applicant" has made application for a Security Business License pursuant to the provisions of the Private Investigators and Security Agencies Act, Statutes of British Columbia, 1980, Chapter 45 and is required to furnish and maintain security pursuant to the Bonding Act and the regulations pursuant to the Bond act in the sum of **FIFTEEN THOUSAND-00/100 (\$15,000)** dollars for the faithful, honest, and lawful conduct by the Applicant and the Applicant's employees of the Applicant's business as SECURITY COMPANY.

AND WHEREAS by the above-written obligation the Company, as such insurer, has, at the request of the Applicant, entered into a bond accordingly:

NOW, THE CONDITION of the above-written obligation is such that if the Applicant and the Applicant's employees shall, at all times during the term of any licence held by the Applicant under the said Act, faithfully, honestly, and lawfully conduct the Applicant's business of a Security Business and if the Company shall at all times fully pay and discharge its liability to every person imposed on the Company as such insurer under the provisions of Division 4 of the regulations pursuant to the Bonding Act in respect of damages sustained by reason of any act or omission of the Applicant or any employee of the Applicant done or occurring in or in connection with the Applicant's business of a Security Business then this obligation shall be void, but otherwise shall be and remain in full force and virtue; provided that if the Company shall at any time give one month's calendar notice in writing to the said Registrar and to the Applicant of its intention to terminate the obligation hereby undertaken, then this obligation and all liability on its part hereunder shall cease and determine so far as concerns any act or omission on the part of the Applicant or any employee of the Applicant subsequent to the termination of its obligation hereby undertaken, but otherwise shall remain in full force, virtue and effect in respect of any act or omission on the part of the Applicant or any employee of the Applicant from the date hereof to the date of such termination, and any such notice shall be given by letter personally delivered or by registered letter addressed to the Applicant at his last post-office address notified to the Company, and to the said Registrar.

The Common Seal of the Company  
was affixed hereto in the presence of

WELLINGTON INSURANCE COMPANY

BY:

*P.L. Stamer.*

AUTHORIZED OFFICIAL

## Wellington Insurance Company

### Surety Branch Locations

Wellington Insurance Company  
Suite 100,  
5657 Spring Garden Road  
Halifax, Nova Scotia B3J 3H6

Wellington Insurance Company  
Suite 300  
1400 St. Laurent Blvd.  
Ottawa, Ontario K1K 4H4

Wellington Insurance Company  
Suite 602,  
181 University Avenue,  
Toronto, Ontario M5H 3M7

Wellington Insurance Company  
Suite 800  
250 – 6 Avenue S. W.  
Calgary, Alberta T2P 3H7

Wellington Insurance Company  
Suite 800,  
510 Burrard Street  
Vancouver, B. C. V6C 3H9

**Head Office Surety Department**  
Wellington Insurance Company  
Suite 606, 181 University Avenue  
Toronto, ON M5H 3M7

A member of ING Group

A. RAI ENTERPRISE LTD.  
D/B/A ROYAL VICTORIA SECURITY

MERIT INSURANCE & BONDING LTD.  
VICTORIA, B.C.

\*\*\*\*\* THE ORIGINAL SEALED  
BOND MUST BE LODGED  
WITH THE OBLIGEE \*\*\*\*\*

FROM : Royal Victoria Security

FAX NO. : 250 3821176

Nov. 20 2007 12:31PM P1



Ministry of Public Safety  
and Solicitor General  
Policing and Community Safety Branch  
Security Programs Division  
PO Box 9217 Stn Prov Govt  
Victoria BC V8W 9J1  
Phone: (250) 387-8981 (TOLL FREE 1-800-663-7887)  
Fax: (250) 387-4484  
E-mail: sgspdssec@gems4.gov.bc.ca  
Web: www.pseg.gov.bc.ca/pisa/index.htm

Security Programs OFFICE USE ONLY	
<b>Mallroom</b>	<b>Licensing Section</b>
Party ID #: 76146	Party ID #: 74270
File #: 133434	File #: E49008
Fee: \$ 710.00	Service #: 300688
MR/Trans #:	LIC/Trans #: s.17

## Application for TRANSFER of a Security Employee Licence

### INSTRUCTIONS:

- You can complete this PDF form at your computer, then print, sign and submit by mail to the above address. You will not be able to save this form and your entered data on your system so it is very important that you print it as soon as it is completed. If you wish to print out this form and complete it by hand, please print clearly, using dark ink.
- Enclose appropriate fee amount. (Refer to Fee Schedule, Form SPD0014.)
- Make your payment payable to the Minister of Finance. (Personal cheques from the employer or employee will not be accepted.)
- If there is a request for change in category of the employee security licence, you must attach the current licence to this form and include appropriate fees. To determine the additional fees required to complete a mid-term category change, please contact Security Programs Division (250) 387-8981.
- For more information, please see Employee Security Licence Transfer Options on page 2 of this form.
- Remember to sign and date this form.

### To be completed by the BUSINESS HIRING

Employee Name: (surname, given, middle) **HALTNER STEPHAN PAUL**

Date of Birth: **s.22** Security Employee Licence #: **49008** Licence Expiry Date: **08-08-26**

Employee Home Address: **s.22**

City: **s.22** Province: **s.22** Postal Code: **s.22** Telephone: **s.22**

Note: The business hiring the employee must notify the employee's previous employer that the employee is being transferred.

Previous Security Business Employer: **s.22**

Name of Contact: **s.22** Date Notified of Transfer: **s.22**

The above named employee has been hired:

- ☒ the employee holds a valid security employee licence in the same category as the business
- ☐ we request the change in category of licence from \_\_\_\_\_ to \_\_\_\_\_
- Reminder: If this is a request for change in category, submit the employee's current security employee licence with this application.
- This employee is multi-licensed with other business(es): **s.22** **s.22**yes
- (if yes, please complete and attach Form SPD0010, Multiple Employer Consent Form)
- The previous employer has been advised of the transfer by the business hiring the employee: ☐ no ☒ yes

OR

The business hiring the employee confirms that the previous employer has notified Security Programs Division of their termination of the employee: ☒ yes ☐ no

TOTAL FEE AMOUNT \$ \_\_\_\_\_ (refer to Fee Schedule, SPD0014, to calculate the total amount)

PAYMENT ATTACHED: ☐ Certified Cheque/Money Order ☐ Credit Card (complete and attach Form SPD0073, Application for Pre-Authorized Credit Card Usage)

☒ Apply from Draw Down Account (complete and attach Form SPD0074, Application for Draw-Down Account)

Business Name: **ROYAL VICTORIA SECURITY** Security Business Licence #: **B3434**

Business Phone: **(250) 382-1177** Name of Business Representative: \_\_\_\_\_

Employee's SIGNATURE: \_\_\_\_\_ DATE of Signature: **07/11/19**

Business Representative's SIGNATURE: \_\_\_\_\_ DATE of Signature: **07/11/19**

NOTE: 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.

FORM #SPD0015 (Rev 02/2003) (PSSG0308P-W)