

FORM A  
[Subsection 5(1)]

**Application for Licence to Engage in Business Pursuant to  
*The Private Investigators and Security Guards Act, 1997***

Return completed application to:  
**Private Investigators & Security Guards  
Law Enforcement Services Branch  
Saskatchewan Justice**

- Include with application:
- 1. Application Fee – Make Cheque payable to “Minister of Finance”**
  - 2. Bond in Form D**
  - 3. Proof of registration with Corporations Branch, Saskatchewan Justice**
  - 4. Employee List**

**Application For** *(Choose one):*

- |  |   |
|--|---|
| <input type="checkbox"/> Private Investigation     | <input type="checkbox"/> Security                           |
| <input type="checkbox"/> Armoured Vehicle Services | <input type="checkbox"/> Private Investigation and Security |

**Application Type** *(Choose one):*

- |  |  |
|--|--|
| <input type="checkbox"/> New <i>(fee is \$300)</i> | <input type="checkbox"/> Renewal <i>(fee is \$250)</i> |
|--|--|

Please Print:

**Name of Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_  
*(Street, Box No.) (Town, City) (Province) (Postal Code)*

**Telephone & Area Code** \_\_\_\_\_ **Fax** \_\_\_\_\_  
*(Home) (Business)*

**If the applicant is an individual, date and place of birth** \_\_\_\_\_

**If the applicant is a corporation or partnership, the names of all directors or partners** \_\_\_\_\_

**Name under which the business will be conducted:**  
\_\_\_\_\_

1. The principal office or place of business will be located at: \_\_\_\_\_  
\_\_\_\_\_ ,

which will be the address for service in Saskatchewan.

The business telephone number is \_\_\_\_\_ ,

the fax number is \_\_\_\_\_ , the cell number is \_\_\_\_\_ ,

the pager is \_\_\_\_\_

and any other numbers are \_\_\_\_\_ .

The mailing address, if different from the above, will be: \_\_\_\_\_

\_\_\_\_\_ .

2. The applicant(s) has \_\_\_\_\_ has not \_\_\_\_\_ used, operated under or carried on business under a name other than the name given in this application. *(if answer affirmative, give particulars)*

*In the case of a corporation or partnership, the following information is to be supplied respecting the person authorized by the corporation or partnership to make the application. In all other cases, the information is to be supplied respecting the applicant.*

3. I have \_\_\_\_\_ have not \_\_\_\_\_ been convicted of a criminal offence in Canada or in any other state or country. *(if answer affirmative, give particulars)*

4. I have \_\_\_\_\_ have not \_\_\_\_\_ been refused a licence as a private investigator or security guard in Saskatchewan or in any other province, state or country, and have \_\_\_\_\_ have not \_\_\_\_\_ had such a licence suspended or cancelled in Saskatchewan or in any other province, state or country. *(if answer affirmative, give particulars)*

5. The names of the following three persons, none of whom are related to me, are submitted as business references:

Name of Applicant \_\_\_\_\_  
(Surname) (First Name) (Middle Names)

Address \_\_\_\_\_  
(Street, Box No.) (Town, City) (Province) (Postal Code)

Telephone & Area Code \_\_\_\_\_ Fax \_\_\_\_\_  
(Home) (Business)

Business or Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
(Surname) (First Name) (Middle Names)

Address \_\_\_\_\_  
(Street, Box No.) (Town, City) (Province) (Postal Code)

Telephone & Area Code \_\_\_\_\_ Fax \_\_\_\_\_  
(Home) (Business)

Business or Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
(Surname) (First Name) (Middle Names)

Address \_\_\_\_\_  
(Street, Box No.) (Town, City) (Province) (Postal Code)

Telephone & Area Code \_\_\_\_\_ Fax \_\_\_\_\_  
(Home) (Business)

Business or Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

**Affidavit of Applicant Or Person Authorized to Make the Application**

I, \_\_\_\_\_, of \_\_\_\_\_  
(Name) (Town/City)

in the Province of Saskatchewan make oath and say:

1. I am applying for a licence to engage in the above named business pursuant to *The Private Investigators and Security Guards Act, 1997*.
2. The information given by me in the attached application is true.

Sworn before me at the \_\_\_\_\_ of  
\_\_\_\_\_, in the Province of  
Saskatchewan, this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
A Commissioner for Oaths in and  
for the Province of Saskatchewan.  
My appointment expires \_\_\_\_\_

\_\_\_\_\_  
Signature