

FORM B
[Subsection 5(2)]

**Application for Private Investigator Or Security Guard Licence 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. Criminal Record Check,
(if new application)**
3. Photograph (see below)
**4. Training Course Certificate
(if new application)**

Application For *(Choose one):*

Private Investigation Security Guard
 Private Investigation and Security guard *(Dual)*

Application is:

New single *(fee is \$25)* Renewal single *(fee is \$20)*
 New dual *(fee is \$50)* Renewal dual *(fee is \$40)*

Please Print:

This application is made by: *(name and address of applicant)*

If this application is made on behalf of one or more employees, the following information is to be completed for each employee. In other cases, the information is to be supplied respecting the applicant.

Name _____
(Surname) (First Name) (Middle Names)

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

Telephone & Area Code _____
(Home) (Business) (Cellular) (Pager)

Date and Place of Birth _____
(Year) (Month) (Day) (Place)

Immigration Status: Canadian Citizen _____ **Other** _____
(provide details and attach proof of employment eligibility in Canada)

**Details respecting the previous training and experience in investigation,
police duties or security guard work of the individual to be licensed:**

Photograph Requirements

DO NOT PIN, STAPLE OR GLUE PHOTOGRAPH TO THE APPLICATION.

- (a) Photograph must have been taken within 90 days before the application and may be in colour or black and white.
- (b) Photograph must show a full front view of head and shoulders taken against a plain background.

Character References of Individual to be Licensed

The names of the following three persons, none of whom are related to the person seeking to be licensed, are submitted as character references:

Name _____
(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 _____
(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 _____
(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 Individual to be Licensed

I, _____, of _____
(Name) (Town/City)

in the Province of Saskatchewan make oath and say:

1. That I have _____ have not _____ been convicted of a criminal offence in Canada or in any other state or country (*if answer affirmative, give particulars, including offence, date and place of conviction – attach an additional page if necessary*).

2. That I do not have any outstanding criminal matters in Canada or any other state or country other than the following: (*give particulars*)

3. That 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 a licence issued to me, if any, has _____ has not _____ been suspended or cancelled (*if answer affirmative in either case, give particulars, including reasons for the refusal, suspension or cancellation – attach an additional page if necessary*).

4. That I have never used a name other than the one given in this affidavit except on the following occasions and for the reasons indicated (*include all former names – attach an additional page if necessary*).

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 of Individual to be Licensed