

Ministry of the Solicitor General

Change of Information Application Form for Security Guard and/or Private Investigator Agency Licence - Sole Proprietorship

How to submit your application



Online: Change the information associated with your agency licence at: <u>Security guards and private investigators | ontario.ca</u> (https://www.ontario.ca/page/security-guards-and-private-investigators)



Mail-In: Send your completed application form and documentation to: ServiceOntario Occupational Licensing Services Office P.O. Box 4500 Kingston ON K7L 0E1

This paper application package contains the following:

- Instructions: Pages 1-3 contain tips on how to successfully complete the application.
- **Application Form**: Pages 4-11 contain the Change of Information Application Form for Security Guard and/or Private Investigator Agency Licence Sole Proprietorship
- **Checklist**: Page 11 contains a checklist for you to verify that your application package is fully completed and ready to be submitted.

Instructions and Supporting Documentation

This application form is to be used if you are looking to update your agency's information during its licence term.

- Your agency licence must be valid.
- Your agency licence must not be within 90 days of its expiry date.

Note: If you are looking to update your agency's information as a part of renewing its licence, please use the **Application Package for Security Guard and/or Private Investigator Agency Licence - Sole Proprietorship**.

There is no fee associated with submitting a Change of Information application.

To complete this application, you must:

- Have an existing valid (not expired) Ontario Agency Private Security and Investigative Services (PSIS) Licence.
- Be the Sole Proprietor of the agency.
- Fill out all applicable fields on pages 4-11.
- Provide a valid Certificate of Commercial General Liability Insurance.
 - The Ontario address provided on your agency application must match the address listed on your insurance certificate, and the Description of Operations must specify private investigator and/or security guard services.

- Provide a copy of the Business Firearms Licence (if applicable).
- Provide support documentation for any changes.
 - To view agency requirements, please visit <u>Security guards and private investigators</u> (https://www.ontario.ca/page/security-guards-and-private-investigators).

Note: There is no fee associated with submitting a Change of Information application.

Tip: Use **black** or **dark blue** ink to fill out the application; **if you make a mistake, cross it out**. Write the correct information beside the error and **initial next to it**.

Agency Information

Provide the following information on your application (if you are changing or updating any of the following information, please provide both current and new information where applicable):

- Legal Name (your legal name indicated on your identification documents)
- Business Name (if name is different from the legal name)
- Business Name Registration Document (required when name is different from the legal name)
- Agency Head Office Address
- Ontario Mailing Address (if different from the Agency Head Office Address or if the Agency Head Office is located outside of Ontario)
- Business Phone Number
- Email Address (to receive notification of when your application has been completed or to receive other updates and correspondence regarding your application)
- Sole Proprietor Information

Complete the following sections only if changes/updates are required.

Agency Branch Office(s)

- Adding a new agency branch office requires:
 - Physical Address in Ontario
 - Manager's contact information
- Updating a current agency branch office requires:
 - Manager's contact information

Note: Current branch office physical addresses cannot be updated. A new address is considered a new branch office location.

Additional Information

If your agency uses (or will be using) any of the following, you must select all applicable items on the application form:

- Uniforms (colour photographs of the front and back of all uniform pieces are required) and/or
- Uniform Exemption

- If the agency is newly requesting to be uniform exempt, a letter explaining the reason for the exemption must be provided. Agencies may only request a uniform exemption if they will be providing bodyguard and/or loss prevention services.
- If the agency has previously been approved for an exemption, you must select this box to confirm that you are not using uniforms for the purpose of providing bodyguard and/or loss prevention services.
- Marked Vehicles (colour photographs of all four sides of the marked vehicles are required)
- Firearms (a copy of your valid Business Firearms Licence is required)
- Batons
- Handcuffs
- Guard Dogs

Declaration of Offences

If you have been convicted of any of the offences under the Ontario Regulation 37/08 Eligibility to Hold a Licence - Clean Criminal Record, you are not eligible to hold a licence under the *Private Security and Investigative Services Act, 2005.* Please visit Regulation 37/08: Eligibility to Hold a Licence - Clean Criminal Record | ontario.ca (https://www.ontario.ca/laws/regulation/080037) for more information.

Consent to the Release of Information

Make sure you have read and understood everything in this section. **Print your name**, **sign**, and **date** the application form (date must be withing 90 days of submission). Applications that are not signed and dated **cannot** be processed.

Note: If an application is returned to an applicant due to errors or incomplete information, applicants have 90 calendar days to respond. If the required information is not submitted to ServiceOntario within 90 calendar days, the application is deemed closed. If the information is submitted **after** 90 calendar days, the applicant is required to submit another application.

If you require assistance with the application process, please contact ServiceOntario via:

- Email: privatesecurity@ontario.ca
- Phone: Monday to Friday, 8:30 a.m. to 5:00 p.m., at:
 - Toll-free: 1-866-767-7454
 - **GTA**: 416-212-1650



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Applications that are not completed correctly will be returned.

Fields marked with an asterisk (*) are mandatory.

Agency Request

| The age | ncy will ch | ange/update | the following | g * (select | all that apply): |
|---------|-------------|-------------|---------------|-------------|------------------|
|---------|-------------|-------------|---------------|-------------|------------------|

- Legal Name
- Business Name
- Head Office Address
- Ontario Mailing Address
- Branch Office Address/Branch Office Manager Contact Information
- Additional Information (e.g., Uniforms, Marked Vehicles, Firearms)
- Certificate of Commercial General Liability Insurance
- Sole Proprietor's Residential Address and/or Contact Information
- The Sole Proprietor has been convicted/found guilty of an offence under Ontario Regulation 37/08 Eligibility to Hold a Licence Clean Criminal Record.

Agency Information

Legal Name:

Note: Your legal name as listed on your identification documents.

Current *

New

Business Name:

Note: If name is different from the legal name. Attach additional sheets if required.

Current

New

Current Agency Head Office Address

Note: P.O. Boxes are not accepted.

| Unit/Apt no. | Street Address * | | Rural Route |
|--------------------------|------------------|----------------------------|-------------------|
| City/Town/Municipality * | | Province/Territory/State * | Postal/Zip Code * |
| • • • | | | |

Country *

| Business Phone Number * | Email Address * |
|---|------------------------|
| The agency head office is located in: * | |
| an office building or similar business premises | Or a private residence |

New Agency Head Office Address

Note: P.O. Boxes are not accepted.

| Unit/Apt no. | Street Address | | Rural Route |
|------------------------|----------------|--------------------------|-----------------|
| City/Town/Municipality | | Province/Territory/State | Postal/Zip Code |

Country

| Business Phone Number | Email Address |
|-----------------------|---------------|
| | |

The agency head office is located in:

| 🗌 an office building | or similar b | ousiness premises | Or | a private residence |
|----------------------|--------------|-------------------|----|---------------------|
|----------------------|--------------|-------------------|----|---------------------|

Current Ontario Mailing Address

Note: Complete if different from the Agency Head Office Address.

| Unit/Apt no. | Street Address | | P.O. Box | |
|------------------------|----------------|----------|-------------|---------|
| City/Town/Municipality | | Province | Postal Code | Country |

| New Ontario | Mailing Address | | | | | |
|---|-----------------------------------|---------------------|--------------------|----------|--|--|
| Unit/Apt no. | Street Address | | | P.O. Box | | |
| City/Town/Munio | rinality | Province | Postal Code | Country | | |
| | Sipanty | | | Country | | |
| Ontario Branc | h Office Physical Address and | d Manager Con | tact Information | | | |
| Note: P.O. Boxe | es are not accepted. | | | | | |
| This branch off | fice is: | | | | | |
| New Be | ing removed 🛛 Being updated (N | lanager Contact I | nformation Only) | | | |
| Unit/Apt no. | Street Address | | | | | |
| City/Town/Munio | cipality | Province | Postal Code | Country | | |
| The agency bra | anch office is located in: | | 1 | | | |
| an office build | ling or similar business premises | Or a private | residence | | | |
| Branch Manage | er Contact Information | | | | | |
| Manager Last N | ame/Singular Name | Manager First | Manager First Name | | | |
| Branch Office B | usiness Phone Number | Email Address | Email Address | | | |
| This branch of | fice is: | | | | | |
| New Be | ing removed 🔄 Being updated (N | lanager Contact I | nformation Only) | | | |
| Unit/Apt no. | Street Address | | | | | |
| City/Town/Municipality | | Province | Postal Code | Country | | |
| The agency bra | anch office is located in: | | | | | |
| an office building or similar business premises Or a private residence | | | | | | |
| Branch Manage | er Contact Information | | | | | |
| Manager Last N | ame/Singular Name | Manager First | Manager First Name | | | |
| Branch Office B | usiness Phone Number | Email Address | | | | |
| | | | | | | |

Additional Information

Will the agency use any of the following (select all that apply):

Uniforms (colour photographs of the front and back of all uniform pieces are required) **and/or**,

- Uniform Exemption
 - If the agency is **newly requesting** to be uniform exempt, a letter explaining the reason for the exemption must be provided. Agencies may only request a uniform exemption if they will be providing bodyguard and/or loss prevention services.
 - If the agency has **previously been approved** for an exemption, you must select this box to confirm that you are not using uniforms for the purpose of providing bodyguard and/or loss prevention services.

| Marked Vehicles | (colour photographs of all four sides of marked vehicles are re | quired) |
|-----------------|---|---------|
|-----------------|---|---------|

| Firearms | (a copy of | your valid E | Business Firearms | Licence i | s required) |
|----------|------------|--------------|-------------------|-----------|-------------|
|----------|------------|--------------|-------------------|-----------|-------------|

- Batons
- Handcuffs
- Guard Dogs

Sole Proprietor Information

Last Name/Singular Name *

| First Name * | | Middle Name(s) | Date of Birth (mm/dd/yyyy) * |
|------------------------|----------------------|--------------------------|------------------------------|
| | | | |
| Current Resid | ential Address and | Contact Information | |
| Note: P.O. Boxe | es are not accepted. | | |
| Unit/Apt no. | Street Address | Street Address | |
| City/Town/Municipality | | Province/Territory/State | Postal/Zip Code |
| Country | | | |

| Primary Phone Number | Secondary Phone Number | |
|----------------------|------------------------|--|
| | | |
| Email Address | | |

New Residential Address and Contact Information

Note: P.O. Boxes are not accepted.

| Unit/Apt no. | Street Address | | Rural Route |
|------------------------|----------------|--------------------------|-----------------|
| | | | |
| City/Town/Municipality | | Province/Territory/State | Postal/Zip Code |
| | | | |

Country

| Primary Phone Number | Secondary Phone Number |
|----------------------|------------------------|
| | |

Email Address

Declaration of Offences

Important: If you have been convicted of any of the offences listed in <u>Ontario Regulation 37/08</u>: <u>Eligibility</u> to <u>Hold a Licence - Clean Criminal Record</u> (https://www.ontario.ca/laws/regulation/080037), you are ineligible to hold a licence unless you have been granted a pardon/record suspension.

Do you have any convictions for which a pardon/record suspension has not been granted and/or any findings of guilt or outstanding (unresolved) charges?

Examples of things you must declare:

- Criminal convictions for which a pardon/record suspension has not been granted
- Findings of guilt (including offences for which you have received a conditional discharge or absolute discharge)
- Outstanding/pending (unresolved) criminal charges

| 🗌 Yes | 🗌 No |
|-------|------|
|-------|------|

Do you have any convictions, findings of guilt, or outstanding (unresolved) charges for offences under the laws of any country/state?

Examples of things you must declare:

- Criminal convictions for which a pardon has not been granted (out-of-country)
- Outstanding/pending (unresolved) criminal charges (out-of-country)
- Note: Out-of-country means any country/state outside of Canada

| Yes | | No |
|-----|--|----|
|-----|--|----|

Does the business entity have any unpaid fines for provincial offences that have not been paid as of the date of this application?

Examples of things you must declare:

- Provincial offences (e.g., *Highway Traffic Act* violations) from any province or territory in Canada
- · Fines related to provincial offences that remain unpaid

Yes No

If you have answered "yes" to any of the questions above, declare the convictions, findings of guilt, and/or outstanding charges in the chart below. Attach a separate sheet if more space is required.

- **Important**: You must complete all fields below. If you do not provide the month and year, your application will be considered incomplete and may be returned to you. If you are not sure of the date of the offence, provide one to the best of your knowledge.
- **Do not** declare any convictions for which you have received a pardon/record suspension, or convictions and/or findings of guilt for offences committed while you were a young person as defined under the *Young Offenders Act*, the *Youth Criminal Justice Act*, or the *Juvenile Delinquent Act*.

| Offence | Date (mm/yyyy) | City, Province/ Territory/State | Country | Police Service | Status/Outcome |
|---------|-------------------|------------------------------------|---------|----------------|----------------|
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Consent to the Release of Information

I consent for the Registrar, or any person authorized by the Registrar and the Private Security and Investigative Services Branch (PSISB), to collect information on any matter regarding all convictions and/or findings of guilt for offences under a law of Canada up to the date of declaration for which a pardon/record suspension under the *Criminal Records Act* (Canada) has not been issued or granted, all convictions and/ or findings of guilt for a provincial offence or an offence under a law of any other province or territory in Canada, all fines for a provincial offence that remain unpaid on the date of the declaration, all convictions for criminal offences under the laws of other jurisdictions for which a pardon has not been issued or granted, all charges for allegedly committing an offence against a law of Canada that have been laid and have not been resolved on the date of the declaration, and all charges for allegedly committing a criminal offence against the laws of another jurisdiction that have been laid and have not been resolved on the date of the declaration; and this includes financial records/credit checks being conducted.

This consent is given pursuant to paragraph 42(1)(b) of the *Freedom of Information and Protection of Privacy Act*.

I consent to full disclosure to the PSISB by any police service, employer, organization, business, or person to whom a signed copy of this consent or a photocopy or fax thereof is delivered, of any information, opinions, reports, records, documents, or copies thereof, in any form which may be requested. Such information may include, but is not limited to, the following:

- Police records and history of police involvement, including federal and provincial reports and convictions, local occurrence, and intelligence information.
- Financial information, including credit bureau and/or bank checks.

I understand that all information that is obtained during this background check may be disclosed by the Registrar, or any person authorized by the Registrar, for the purpose of determining eligibility for the issuance of a security guard and/or private investigator agency licence.

I consent to an investigation of my immigration status in Canada by the authorities and to the immigration authorities disclosing the results of an investigation to the Registrar or any person authorized by the Registrar.

I am fully aware of my rights and responsibilities under the *Private Security and Investigative Services Act,* 2005.

Sign the Release and Discharge

I hereby release and forever discharge His Majesty the King in right of Ontario from any and all actions, claims and demands for damages, and loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of my information in the course of processing this application.

Any person who knowingly provides false information in any application under the *Private Security and Investigative Services Act, 2005* is guilty of an offence and may be refused a licence/and their licence application may be refused.

Name of Authorized Agency Representative *

| Signature of Authorized Agency Representative * | Date (mm/dd/yyyy) * |
|---|---------------------|
| | |

This information is collected under the authority of section 11 of the *Private Security and Investigative Services Act, 2005* for the purpose of issuing a licence under the Act. If you have any questions, please contact the ServiceOntario contact centre at 416-212-1650 or toll-free at 1-866-767-7454.

Checklist

| Prior to mailing in your application, have you filled out all applicable fields on pages 4 - 11 and provided: |
|--|
| A valid copy of the Commercial General Liability Insurance (if applicable) |
| Head Office Address |
| Ontario Mailing Address (if applicable) |
| Sole Proprietor Information |
| Required supporting documents for any changes |
| Any and all additional page(s) (if applicable, on each additional page add the agency's Legal/Business Name and Ontario Agency PSIS Licence Number) |
| Please mail your completed application to: |
| ServiceOntario Occupational Licensing Services Office P.O. Box 4500 Kingston ON K7L 0E1 |