

# New Application

## Registration as a Security Guard Employer under The Private Investigators and Security Guards Act



Please read the information on this form carefully as it provides important details about your application.

Your personal and business information is being collected pursuant to section 6 of *The Private Investigators and Security Guards Act (PISGA)* and section 36 of *The Freedom of Information and Protection of Privacy Act (FIPPA)* for the purpose of securing registration as a security guard employer under *The Private Investigators and Security Guards Act (PISGA)*.

Any questions regarding the personal and business information collected on this form may be directed to the Registrar, Private Investigators and Security Guards, 1800 – 155 Carlton, Winnipeg, Manitoba R3C 3H8 at 204-945-2825.

### Registration Fee (non-refundable):

Employer Registration: \$65

**Total Enclosed: \$**

### Part 1 –Employer Information

#### Legal Business Name:

\_\_\_\_\_

#### Business Operating Name (if different from above):

(If different from the legal business name, attach a copy of *The Business Names Registration Act* document.)

#### The applicant is a (check appropriate box):

A Sole proprietorship, owned by the following individual:

Last Name	First Name	Middle Name(s)
Phone	E-mail	Office Held

A Partnership, made up of the following partners (attach additional pages if required):

Last Name	First Name	Middle Name(s)
Phone	E-mail	Office Held

Last Name	First Name	Middle Name(s)
Phone	E-mail	Office Held

A Corporation, of which the following individuals are directors, officers and managers (attach additional pages if required):

Last Name	First Name	Middle Name(s)
Phone	E-mail	Office Held

Last Name	First Name	Middle Name(s)
Phone	E-mail	Office Held

**Business Address:**

Suite No.	Street Address	City/Town	Province	Postal Code
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**Mailing Address** (if different from business address):

Suite No.	Street Address	City/Town	Province	Postal Code
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**Additional business locations where security guards will be working** (attach additional pages if required):

Suite No.	Street Address	City/Town	Province	Postal Code
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Suite No.	Street Address	City/Town	Province	Postal Code
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**Individual responsible for supervising security guards in Manitoba is:**

Last Name	First Name	Middle Name(s)
Phone	Fax	E-mail

Section 10 of *The Private Investigators and Security Guards Act* states:

**Investigation of applicant**

- 10) The registrar, or any person authorized by him, may make such inquiry or investigation as he deems sufficient regarding the character, criminal history, financial position and competence of an applicant or a licensee and may require an applicant or a licensee to pass such examinations to determine competence as the registrar deems necessary.

I consent to the Registrar making the inquiries or investigations referred to in section 10 (above) and disclosing my personal and business information for that purpose.

**Part 2 – Declaration**

I declare that to the best of my knowledge and belief, the information given in the application is true.

Dated: \_\_\_\_\_  
(year, month, day)

Name of Applicant (Print name): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature of a Commissioner for Oaths in and for the Province of Manitoba

My Commission expires on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_