Application for a Permit to Possess Body Armour



Total Enclosed: \$

Your personal information is being collected for the purpose of processing an application for a permit to possess body armour, as required under section 3(1) of The Body Armour and Fortified Vehicle Control Act. The information is related directly to and necessary for the legislated program regarding the regulation of body armour and as such is authorized under section 36(1)(b) of The Freedom of Information and Protection of Privacy Act (FIPPA).

Your personal information will only be used or disclosed for this program and not for other purposes, unless the other use or disclosure is permitted by FIPPA. Any questions regarding the collection, use or disclosure of the personal information collected on this form may be directed to the Director, Public Safety Investigation Unit, at 204-945-5885.

For information regarding the application process, please contact the Director at 204-945-5885. Office hours are Monday to Friday, 8:00 a.m. – 4:00 p.m.

Before applying, you must read, understand, and be able to comply with all requirements as set out under The Body Armour and Fortified Vehicle Control Act and regulations.

Fees charged for processing an application are non-refundable

Acceptable method of payment is certified cheque or money order made payable to the Minister of Finance (no personal cheques permitted unless certified).

No in person service - mail only

Mail application and payment to: Body Armour and Fortified Vehicle Control Box 2 1009 401 York Avenue Winnipeg, Manitoba R3C 0P8

pardon has **not** been granted? Yes No

l :	□ Na Lianna	
Licence rees:	New Licence - 5 years: \$100 ☐ Renewal – 5 years: \$50	

Part 1 – Applicant Information Last Name First Name Middle Name(s) Date of Birth (year/month/day) Previous Legal Name (if City/Town Residence Mailing Address applicable) Province/State Postal Code/Zip Code Residence Phone. Cell Phone. Email Part 2 - Criminal Record Background All Applicants must attach a current criminal records check.

Offence	Date of Offence	City/Province/Territory/State/Country	Police Department	Sentence

1. Have you ever been charged and/or convicted of any offence in any country, state, province or territory for which a

You are not require		oned convictions, spee	ding or parking	violations or finding	s of guilt under
	ask the applicant to	o supply further inform	ation about his c	or her criminal record	d to obtain more
Part 3 - Details					
☐ Outdoor Recrea ☐ Personal Protect	ition ction	ar or possess body arn			t:
Name of Employer Contact Name:					_
City/Town: Province: Phone: (Email Address:) Po	ostal Code:			_
		ssing body armour. ist the Director in the a	pproval process	of your body armou	r permit.

Part 4 - Personal Information		
Photo Identification: One clear copy of photo ID is required – it must be current.		
☐ Driver's Licence ☐ Passport ☐ Canadian Permanent Resident Card ☐ Canadian Native Status Card (must have photo) ☐ Valid Government issued photo ID: (describe)		
Physical Description: (this information will appear on your permit)		
Height (ft./inches or cms): Weight (lbs or kgs):		
Hair Colour:blackblondebrownredgraybaldother: describe Eye Colour:bluebrownblackgreen hazel		
Photograph:		
A photo is required to get your permit. Photos must be taken against a solid color (white) background. It must include your head and shoulders only, and be taken directly from the front of you. Photos showing more than head and shoulders may be rejected and returned with your application.		
Photos must be updated whenever you alter your appearance significantly		
Part 5 – Declaration		
CONSENT FOR DISCLOSURE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE BODY ARMOUR AND FORTIFIED VEHICLES CONTROL ACT and AUTHORIZATION TO CONDUCT CRIMINAL RECORD CHECK		
 I HEREBY AUTHORIZE: The Director to conduct a criminal record check through any municipal, First Nation, or provincial police service or public body including the police information check and correctional service information check, to determine whether I have a record for any provincial or federal charges, convictions, peace bonds, restraining orders, or anything of a similar nature, and for that purpose consent to the disclosure and collection my personal information. The Director to contact my employer to confirm my employment status, if the permit is for employment purposes. 		
I UNDERSTAND THAT: As a result of the checks, the Director may require further information from me including copies of all criminal		

- As a result of the checks, the Director may require further information from me including copies of all criminal proceedings or information to assess good character and to assist in determining needs for possessing body armour.
- This authorization and consent will remain in effect and irrevocable for the duration of the period for which my permit is valid.
- Where the results of this check indicated that a criminal record or outstanding charge may exist, I agree to provide my fingerprints to verify any such criminal record.
- I further authorize the Royal Canadian Mounted Police (RCMP), or any other body with access to the record, to provide a copy of my record to the Director.

I HEREBY CERTIFY THAT: I have read and understand all portions of this application form and that the information set
out by me in this application is true and correct to the best of my knowledge and belief. I have read and understand The
Body Armour and Fortified Vehicle Control Act and regulations, and I am aware of and understand the conditions that will
be placed on me as a body armour permit holder.

Applicant's Signature:	Date Signed: