



PRIVATE INVESTIGATORS AND SECURITY GUARDS ACT
APPENDIX TO AGENT RENEWAL FORM

Agent's Name: _____

Telephone Number: _____

Email Address: _____

By signing below, I confirm that the above-named applicant is currently employed by me as an agent, as defined by the *Private Investigators and Security Guards Act*.

_____	_____	YYYY/MM/DD
Print name of Current Employer	Signature of Current Employer	Date

SUPPORTING DOCUMENTATION CHECKLIST:

- Licence Fee - \$10.00 per class of licence
- 1¼" x 1¼" photograph (passport size)
- CPIC and Vulnerable Sector Check: Must have been completed no more than 30 days prior to date that renewal application is submitted.
- Brinks agents must supply a copy of their current firearms certificate.

Please ensure the items listed above accompany your completed Agent Licence Renewal Application. Your completed application and fees are due and payable on or before **March 31**. Your current licence expires on **March 31**. If you will be conducting business in Yukon as a private investigator, security guard, security consultant or burglar alarm agent after that date, please ensure all documentation is submitted to our office prior to **March 15**. This will allow our office time to process your application before your licence expires.

Important Note: Professional Licensing and Regulatory Affairs is unable to accept payment by email or fax. Please make your cheque payable to Government of Yukon, or, complete payment information form YG5924 at www.gov.yk.ca/forms/forms/5500/yg5924_e.pdf

Please return your documents and fees to:

Mail:
Professional Licensing and Regulatory Affairs
Box 2703 (C-5)
Whitehorse, Yukon Y1A 2C6

Courier or Dropoff:
Professional Licensing and Regulatory Affairs
307 Black Street
Whitehorse, Yukon Y1A 2N1

Inquiries to:

Phone: 867-667-5111

Fax: 867-667-3609

Email: PLRA@gov.yk.ca



PRIVATE INVESTIGATORS AND SECURITY GUARDS ACT
AGENT LICENCE RENEWAL APPLICATION

LICENCE INFORMATION

Licence Type – \$10.00 per class of licence

- Private Investigator Security Guard Security Consultant Burglar Alarm

Licence Number

APPLICANT INFORMATION

Applicant Last Name	First Name	Middle
Residence Address	Town/City	Postal Code
Mailing Address (if different from above)	Town/City	Postal Code
Name of Current Employer		
Current Employer's Business Address		

AFFIDAVIT

I _____ of _____
PRINT NAME RESIDENCE ADDRESS

Make oath and say as follows:

I am the Applicant for the renewal of a Private Investigator
 Security Guard
 Security Consultant
 Burglar Alarm Agent's

licence and I swear that all the information provided by me is true and correct to the best of my knowledge and belief and further swear that I am not aware of any impediment or reason which would affect the granting of a renewal of the aforesaid licence under the *Private Investigators and Security Guards Act*.

Sworn before me at _____ in _____ this _____ day of _____ 20_____.	_____ Notary Public in and for Yukon _____ Name of Applicant
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Personal information contained on this form is collected under the *Private Investigators and Security Guards Act* and will be used for the purpose of administering the *Act*. For further information, contact the Director of Professional Licensing and Regulatory Affairs at (867) 667-5111, toll free within Yukon 1-800-661-0408, ext. 5111.