

You must visit the security agency application web page to complete your application package. Full instructions, forms and guidance documents are found on the [web page](#).

For convenience, a brief checklist of required supporting documentation is provided below.

**Supporting documentation checklist** (More information is found on the [application page](#))

- Copy of 1 piece of government-issued photo ID for the owner, all business partners or members of the board of directors.
- Proof of Canadian citizenship or permanent residency status in Canada for the owner, all business partners or for the majority of members of the board of directors.
- Criminal record check obtained in the past 90 days. (Required for the owner, manager, all business partners or members of the board of directors. If any of the preceding do not have a clean criminal record, you may not be eligible for an agency licence.)
- Proof of a minimum of \$100,000 liability insurance.
- Proof of \$5000 surety bond.
- Photographs of uniform design. (Required for security guard agencies only.)
- Payment information form.





# SECURITY AGENCY LICENCE APPLICATION

Complete all sections of this application form.  
Do not leave a section blank. If a section is not relevant, mark the section as “not applicable.”

Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Private investigation agency | <input type="checkbox"/> Security consultant agency |
| <input type="checkbox"/> Security guard agency        | <input type="checkbox"/> Burglar alarm agency       |

## Applicant information

Legal last name	Legal first name(s)	Legal middle name(s)		
Other names by which you may be known		Position in the company/business		
Email		Phone		
Mailing address	City	Prov./terr.	Postal code	Country
Physical address <i>(if different from mailing address)</i>	City	Prov./terr.	Postal code	Country

## Agency information

Primary business name				
Business email		Business phone		
Head office address	City	Prov./terr.	Postal code	Country
Yukon office address	City	Prov./terr.	Postal code	Country

## For partnerships or corporations, complete the following

Full name (partners or members of the board of directors)	Date of birth	Canadian citizen or permanent resident?	Title
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Declarations

**If you answer ‘yes’ to any question below, additional information may be requested.**

Is this agency licensed in any other jurisdictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the owner, manager, any partners or members of the board of directors have a criminal record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am familiar with the <i>Private Investigators and Security Guard Act</i> and Regulations for Yukon and understand my responsibility to comply with the requirements within the Act and Regulations.	<input type="checkbox"/>

**Affidavit**

The owner, all partners or members of board of directors must sign the affidavit. This may be done together with a single notary present or the application may be passed from member to member, each stating the oath in the presence of a notary.

I/We, \_\_\_\_\_ of the  
firm/partnership \_\_\_\_\_ carrying on  
the business at \_\_\_\_\_

**Make oath and say as follows:** I, being owner/director/partner in the aforementioned business, swear that all information and details provided by me/us in the application for an agency licence is true and correct to the best of my knowledge and belief and that I am not aware of any impediment which would affect the granting of the said licence under the provisions of the *Private Investigators and Security Guards Act*.

Sworn before me at \_\_\_\_\_  
in \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of applicant  
\_\_\_\_\_  
Signature of notary public  
(Seal)

Sworn before me at \_\_\_\_\_  
in \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of applicant  
\_\_\_\_\_  
Signature of notary public  
(Seal)

Sworn before me at \_\_\_\_\_  
in \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of applicant  
\_\_\_\_\_  
Signature of notary public  
(Seal)

Sworn before me at \_\_\_\_\_  
in \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of applicant  
\_\_\_\_\_  
Signature of notary public  
(Seal)

Sworn before me at \_\_\_\_\_  
in \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of applicant  
\_\_\_\_\_  
Signature of notary public  
(Seal)

**Any person who knowingly furnishes false information in an application under the *Private Investigators and Security Guards Act* commits an offence and may be refused a licence.**

Personal information is collected, used, and disclosed under the authority of Section 29(a) and (c) of the *Access to Information and Protection of Privacy Act* and under the Act associated to the profession related to the licence being requested. It will be used for the purposes of these acts and their regulations and to determine eligibility for licensure/registration. It will also be used to maintain a public register and for research and statistical purposes related to human resource planning. The latter is shared in a non-identifiable form only. For further information about the collection of this information, contact Professional Licensing and Regulatory Affairs (PLRA), Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5111, or by email at [plrg@gov.yk.ca](mailto:plrg@gov.yk.ca)