

Application for Uniform Exemption Loss Prevention Officer



Your personal information is being collected for an application for a licence, required under section 6(1)(a)(i) of *The Private Investigators and Security Guards Act (PISGA)*. It is collected according to the PISGA Regulation section 4 and *The Freedom of Information and Protection of Privacy Act (FIPPA)* section 36(1)(b), required for Manitoba Justice's statutory business licensing program and (c) for law enforcement purposes.

Your personal information will not be used or disclosed for other purposes, unless the 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 Registrar, Private Investigators and Security Guards, 1430 – 405 Broadway, Winnipeg, Manitoba R3C 3L6 at 204-945-2825.

Part 1 – Applicant Information

Name:

Last Name	First Name	Middle name(s)
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Address:

Suite No.	Street Address	City/Town	Province	Postal Code
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Date of Birth:

Date of Birth (year, month, day)	
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Part 2 – Employer Information

Employer Business Name: _____

Employer Business Address: _____

Suite No.	Street Address	City/Town	Province	Postal Code
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Individual responsible for supervising the loss prevention officer:

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

Part 3 – Declaration of Applicant's Employer

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 Employer (Print name): _____

Signature of Employer: _____

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

My Commission expires on the _____ day of _____ 20_____

Part 3 – Declaration of Applicant

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_____