



Security Training Programs

Approved Security Training School

Justice & Public Safety Division
Security Training Programs

Please fill in the required information on the form below. In order to process your application, ALL parts of this form must be completed. Incomplete forms will be returned.

This application is for:

- | | |
|---|--|
| <input type="checkbox"/> New School | <input type="checkbox"/> School Renewal |
| <input type="checkbox"/> Change of Primary Training Location | <input type="checkbox"/> Change of Ownership |
| <input type="checkbox"/> Satellite Training Location Approval | <input type="checkbox"/> Changes to School Information |

Category of Training School: (category of training schools is listed on the last page.)

- A. Security Guard Company Employee Training (training company employees only)
- B. Public Post-Secondary Institution or PCTIA Registered School
- C. Private (For Profit) Training School

SECTION 1 – GENERAL INFORMATION

Name of School

Mailing Address

Telephone and Fax Number

			-				-					T
												F

Business email

Is the training facility in a location different from the school mailing address? Yes No

School Owner (If there is more than one owner, provide information on a separate sheet)

Last Name	First Name	Middle Name
or Corporate Name		Email address

Is this the sole owner of the school? Yes No If NO, provide information on a separate sheet

Mailing Address

Date of Birth

		/			/				
M	M		D	D		Y	Y	Y	Y

Telephone and Cellular Number

			-				-					T
												C

Chief Operating Officer

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Last Name	First Name	Middle Name
Mailing Address		
Email Address <input style="width:90%;" type="text"/>		
		Date of Birth
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		T C
Telephone and Cellular Number		

Chief Educational Officer

Last Name	First Name	Middle Name

Position (if this application is from a licensed security business)

Mailing Address

Email Address

		Date of Birth
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		T C
Telephone and Cellular Number		

School Contact Person

Last Name	First Name	Middle Name

Position (if this application is from a licensed security business)

Mailing Address

Email Address

		Date of Birth
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		T C
Telephone and Cellular Number		

SECTION II – DESCRIPTION OF TRAINING FACILITY

Location of Primary Training Facility

<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone				

- | | | | |
|--|--------------------------|--------------------------|--|
| Does the facility have: | YES | NO | |
| 1. Adequate access to washroom facilities for all students? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Adequate heating and ventilation for the number of students intended? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Audiovisual display equipment or overhead projectors? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Seating and desk space for the number of students intended? | <input type="checkbox"/> | <input type="checkbox"/> | |

Number of students intended per course at this facility:

Location of Satellite Training Facility

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Telephone

- Does the facility have
- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 1. Adequate access to washroom facilities for all students? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Adequate heating and ventilation for the number of students intended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Audiovisual display equipment or overhead projectors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Seating and desk space for the number of students intended? | <input type="checkbox"/> | <input type="checkbox"/> |

Number of students intended per course at this facility:

Section III – Declaration

Applicant Declaration: This declaration must be completed and signed by the School Owner.

I hereby declare that the information provided in this application is true to the best of my knowledge and belief. I understand that any omission or inaccuracy may be deemed sufficient reason to deny approval. I understand that the Ministry of Public Safety & Solicitor General or the Justice Institute of B.C. may ask for additional information/documentation.

<input style="width: 400px; height: 25px;" type="text"/>	<input style="width: 200px; height: 25px;" type="text"/>
Signature	Date

Fee Schedule – Effective November 1, 2011 – HST is included in all fees

Category of School	Application fee	Yearly School Renewal fee
A. Security Guard Company Employee Training	\$1365	\$682.50
B. Public Post-Secondary Institution or PCTIA**	\$1785	\$918.75
C. Private (For Profit) Training School	\$2415	\$1260
Satellite Training Location(s) Approval (all school categories - A, B, C)		
	\$588	

If you have any questions regarding the school approval application, email jpsd@jibc.ca.

All fees must accompany your application. Mail or deliver the completed application to:

Security Training Programs
 Justice & Public Safety Division
 Justice Institute of BC
 715 McBride Boulevard
 New Westminster, BC V3L 5T4

OFFICE USE ONLY- do not write in this space

Approval Date	<input style="width: 100%;" type="text"/>	Expiry Date	<input style="width: 100%;" type="text"/>
School code and Approval Number	<input style="width: 100%;" type="text"/>	Certificate Number	<input style="width: 100%;" type="text"/>