

## **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:						
New School School Renewal						
Change of Primary Training Location Change of Ownership						
Satellite Training Location Approval 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  Telephone and Fax Number  Telephone and Fax Number						
F						
Business email						
s the training facility in a location different from the school mailing address?						
School Owner (If there is more than one owner, provide information on a separate sheet)						
First Name						
Last Name First Name Middle Name						
or Corporate Name Email address						
s 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						
Telephone and Cellular Number						
Chief Operating Officer						

Mailing Address	D:	ate of Birth								
	M M / D	D / Y Y Y Y								
	-	- C								
Email Address	Telephone an	d Cellular Number								
Chief Educational Officer										
Last Name	First Name	Middle Name								
Position (if this application is from a licensed security business)										
Mailing Address	D;	ate of Birth								
	M M / D	D / Y Y Y Y								
Email Address	Telephone an	d Cellular Number								
	relephone un	a Condia Nambol								
School Contact Person										
Last Name	First Name	Middle Name								
	T ilot Hamo	iviladio rvanio								
Position (if this application is from a licensed security business)										
Mailing Address	D	ate of Rirth								
Mailing Address		ate of Birth								
Mailing Address	D;	D / Y Y Y Y								
Mailing Address	M M / D	D / Y Y Y Y T C								
Mailing Address  Email Address	M M / D	D / Y Y Y Y T								
	M M / D  Telephone an	D / Y Y Y Y T C								
Email Address  SECTION II – DESCRIPTION OF TRAINING FA	M M / D  Telephone an	D / Y Y Y Y T C								
Email Address	M M / D  Telephone an	D / Y Y Y Y T C								
Email Address  SECTION II – DESCRIPTION OF TRAINING FA	Telephone an	D / Y Y Y Y  T C  ad Cellular Number								
Email Address  SECTION II – DESCRIPTION OF TRAINING FA Location of Primary Training Facility	Telephone an	D / Y Y Y Y T C ad Cellular Number  Telephone								
Email Address  SECTION II – DESCRIPTION OF TRAINING FA	Telephone an	D / Y Y Y Y  T C  ad Cellular Number								
Email Address  SECTION II – DESCRIPTION OF TRAINING FA Location of Primary Training Facility	Telephone an	D / Y Y Y Y T C ad Cellular Number  Telephone								
Email Address  SECTION II — DESCRIPTION OF TRAINING FA  Location of Primary Training Facility  Does the facility have:	Telephone an YES	D / Y Y Y Y T C ad Cellular Number  Telephone								
Email Address  SECTION II — DESCRIPTION OF TRAINING FA  Location of Primary Training Facility  Does the facility have:  1. Adequate access to washroom facilities for all students?	Telephone an YES	D / Y Y Y Y T C ad Cellular Number  Telephone								
Email Address  SECTION II — DESCRIPTION OF TRAINING FA Location of Primary Training Facility  Does the facility have:  1. Adequate access to washroom facilities for all students?  2. Adequate heating and ventilation for the number of students inter-	Telephone an YES	D / Y Y Y Y T C ad Cellular Number  Telephone								
Email Address  SECTION II — DESCRIPTION OF TRAINING FA  Location of Primary Training Facility  Does the facility have:  1. Adequate access to washroom facilities for all students?  2. Adequate heating and ventilation for the number of students inter  3. Audiovisual display equipment or overhead projectors?	Telephone an YES	D / Y Y Y Y T C ad Cellular Number  Telephone								

Location of Satellite Training Facility	- Telephone	
Does the facility have  1. Adequate access to washroom facilities for all students?  2. Adequate heating and ventilation for the number of students intended?  3. Audiovisual display equipment or overhead projectors?  4. Seating and desk space for the number of students intended?  Number of students intended per course at this facility:  Section III – Declaration	ES NO	
Section in - Deciaration		
Applicant Declaration: This declaration must be completed and signed by the I hereby declare that the information provided in this application is true to the belief. I understand that any omission or inaccuracy may be deemed sufficing I understand that the Ministry of Public Safety & Solicitor General or the Justice for additional information/documentation.	he best of my knovicient reason to den	y approval.
Signature	Date	
Fee Schedule – Effective April 1, 2020 – Taxes included in all fees		
Category of School	Application fee	Yearly School Renewal fee
A. Security Guard Company Employee Training	\$1433.25	\$716.63
B. Registered Public Post-Secondary Institution	\$1874.25	\$964.69
C. Private (For Profit) Training School	\$2535.75	\$1323.00
Satellite Training Location(s) Approval (all school categories - A, B, C)	\$617.40	
If you have any questions regarding the school approval application, email jpsd@jib	c.ca.	

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

Certified cheques must be made out to the Justice Institute of BC

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									
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Approval Date		Expiry Date							
School code and Approval Number	/	-	Certificate Number						