

Chief Operating Officer

Last Name

First Name

Middle Name

Mailing Address

Date of Birth

M	M	/	D	D	/	Y	Y	Y	Y

Email Address

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

Date of Birth

M	M	/	D	D	/	Y	Y	Y	Y

Email Address

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

Date of Birth

M	M	/	D	D	/	Y	Y	Y	Y

Email Address

Telephone and Cellular Number

SECTION II – DESCRIPTION OF TRAINING FACILITY

Location of Primary Training Facility

Telephone

Does the facility have:

YES

NO

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:

Location of Satellite Training Facility

<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:

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 type="text"/>	<input type="text"/>
Signature	Date

Fee Schedule – Effective July 1, 2010 – HST is included in all fees

Category of School	Application fee	Yearly School Renewal fee
A. Security Guard Company Employee Training	\$1200	\$600
B. Public Post-Secondary Institution or PCTIA**	\$1600	\$800
C. Private (For Profit) Training School	\$2200	\$1100
Satellite Training Location(s) Approval (all school categories - A, B, C)	\$530	

If you have any questions regarding the school approval application, call (604) 528-5516 for assistance. If you require registration with the Private Career Training Institution Agency of British Columbia, you are encouraged to initiate this process as soon as possible. Approval as a security training school does not supersede any requirements to be registered with the Private Career Training Institutions Agency of British Columbia or any other government licensing authority.

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

Security Training Programs
 Police Academy, Justice Institute of B.C.
 715 McBride Boulevard
 New Westminster, B.C.
 V3L 5T4

OFFICE USE ONLY- do not write in this space

Approval Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
School code and Approval Number	<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"/>	Certificate Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>