EMPLOYER DECLARATION – TRAINEESHIP IN PRIVATE SECURITY

INSTRUCTIONS: All fields in this appendix **must be filled out** by the employer of the applicant for a temporary agent licence in order to allow them to complete a traineeship as part of their training that may qualify them for the issuance of a regular agent licence of this class. Missing information will cause additional delays in processing and could lead to the refusal of the applicant licence application.

The employer _____ (name of employer), located at _____ (employer address) (« **Employer** ») supports the temporary agent licence application in _____ (licence class) (« **Temporary Licence** ») of _____ (Applicant first name and surname) whom date of birth is _____ (YYYY/MM/DD) (« **Applicant** »).

The Employer certifies that the Applicant is expected to carry out the following traineeship in their service as part of a private security training:

Location: _____

Start date: _____(YYYY/MM/DD)

End date: _____(YYYY/MM/DD)

The Employer undertakes, if the Temporary Licence is issued to the Applicant:

i. that the Applicant services are used only within the course of the traineeship that they carry out in connection with their training in private security (s. 20 Regulation under the PSA);

ii. that the Applicant, in the performance of their duties, is under the active and continuous supervision of a holder of a regular agent licence of the same class as that of the Temporary Licence (s. 19 Regulation under the PSA);

iii. to inform the Bureau without delay if they cease to use the Applicant services (s. 21 Regulation under the PSA).

AUTHORIZED EMPLOYER REPRESENTATIVE

_____   _____
Signature   Date (YYYY/MM/DD)

_____   _____
First name et surname (please print)   Phone number (day)

_____   _____
Title   Email address