

Application for a Body Armour Seller's Licence



Your personal information is being collected for the purpose of processing an application for a permit for a body armour seller's licence, required under section 8(1) of The Body Armour and Fortified Vehicle Control Act. The information is related directly to and necessary for the legislated program regarding the regulation of body armour and as such is authorized under section 36(1)(b) of The Freedom of Information and Protection of Privacy Act (FIPPA).

Your personal information will only be used or disclosed for this purpose and not for other purposes, unless the other 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 Director, Public Safety Investigation Unit, at 204-945-5885.

For information regarding the application process, please contact the Director at 204-945-5885. Office hours are Monday to Friday, 8:00 a.m. – 4:00 p.m.

Before applying, you must read, understand and be able to comply with all requirements as set out under The Body Armour and Fortified Vehicle Control Act and regulations.

Fees charged for processing an application are non-refundable

Acceptable method of payment is **certified cheque or money order** made payable to the Minister of Finance (no personal cheques permitted unless certified).

No in person service – mail only

Mail application and payment to:
 Body Armour and Fortified Vehicle Control
 Box 2 1009 401 York Avenue
 Winnipeg, Manitoba R3C 0P8

Total Enclosed: \$

Licence Fees: New Licence - 5 years: \$100 Renewal – 5 years: \$50

Part 1 – Applicant Information

Last Name	First Name	Middle Name(s)	Date of Birth (year/month/day)
Previous Legal Name (if applicable)	Residence Mailing Address		City/Town
Province/State	Postal Code/Zip Code		
Residence Phone	Cell Phone	Email	

All applicants must attach a current criminal records check

1. Have you ever been charged and/or convicted of any offence in any country, state, province or territory for which a pardon has **not** been granted? Yes No

If yes, please provide a full explanation in the space below:

Offence	Date of Offence	City/Province/Territory/State/Country	Police Department	Sentence

You are not required to include pardoned convictions, speeding or parking violations or findings of guilt under The Youth Criminal Justice Act (Canada).

Photo Identification: One clear copy of photo ID is required – *it must be current.*

Driver's Licence Passport Canadian Permanent Resident Card Canadian Native Status Card (must have photo) Valid Government issued photo ID: (describe) _____

Physical Description: (this information will appear on your licence)

Height (ft./inches or cms): _____ Weight (lbs or kgs): _____

Hair Colour: ___black ___blonde ___brown ___red ___gray ___bald ___other: describe _____

Eye Colour: ___blue ___brown ___black ___green ___hazel

Photograph:

A photo is required to get your licence. Photos must be taken against a solid color (white) background. It must include your head and shoulders only, and be taken directly from the front of you. Photos showing more than head and shoulders may be rejected and returned with your application.

Photos must be updated whenever you alter your appearance significantly

Part 2 – Business Information

Legal Business Name:

Business Operating Name (if different from above):

Business Address:

Suite No.	Street Address	City/Town	Province	Postal Code

Mailing Address: (if different from business address)

Suite No.	Street Address	City/Town	Province	Postal Code

Business Manager:

Last Name	First Name	Middle Name(s)
Phone	Fax	Email

Provide rationale for requesting a Body Armour Seller's License. The information you provide will assist the Director in the approval process of your Body Armour Seller's License.

Part 3 – Controlling Members of the Business Operation

Indicate, below, the names and positions of the officers and Directors of the corporation or the names of the members of the partnership who have control or are able to control the operation of the business. Current criminal record checks for each person must be attached **unless** a waiver under Section 16 is being requested.

Surname _____ First _____ Middle _____
Position _____
Phone (_____) _____ Fax: (_____) _____
Email _____
Current criminal record check attached ___

Surname _____ First _____ Middle _____
Position _____
Phone (_____) _____ Fax: (_____) _____
Email _____
Current criminal record check attached ___

Surname _____ First _____ Middle _____
Position _____
Phone (_____) _____ Fax: (_____) _____
Email _____
Current criminal record check attached ___

Surname _____ First _____ Middle _____
Position _____
Phone (_____) _____ Fax: (_____) _____
Email _____
Current criminal record check attached ___

Complete the following if you are requesting a waiver under Section 16 of the Regulations which states:

On written request, the Director may waive or modify the requirement to obtain criminal record checks and authorizations to perform criminal record checks from each officer and Director of a corporation or each partner in a partnership when a corporation or partnership is applying for a licence or permit under the act.

Provide rationale for requesting a waiver under Section 16.

Part 4 – Declaration

ON BEHALF OF the applicant business entity, I acknowledge I am required to and agree that:

- I will advise the Director in writing ***within 14 days of the occurrence*** and report to the Director the following:
 - changes to the business address
 - changes in the ownership or management of the business
 - addition of any individual who has control or the ability to control in the operation of the business

CONSENT FOR DISCLOSURE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE BODY ARMOUR AND FORTIFIED VEHICLE CONTROL ACT and CONSENT TO CRIMINAL RECORD CHECK

I HEREBY AUTHORIZE:

- The Director to conduct a criminal record check through any municipal, First Nation or provincial police service or public body including the police information check and correctional service information check, to determine whether I have a record for any provincial and/or federal charges, convictions, peace bonds or restraining orders, etc or anything of a similar nature and for that purpose consent to the disclosure and collection of my personal information.

I UNDERSTAND THAT:

- As a result of the checks, the Director may require further information from me including copies of all criminal proceedings or information to assess good character and to assist in determining needs for a body armour seller's license.

- This authorization and consent will remain in effect and irrevocable for the duration of the period for which my permit is valid.
- Where the results of this check indicate that a criminal record or outstanding charge may exist, I agree to provide my fingerprints to verify any such criminal record.
- I further authorize the Royal Canadian Mounted Police (RCMP), or any other body with access to the record, to provide a copy of my record to the Director.

I HEREBY CERTIFY THAT: I have read and understand all portions of this application form and the information set out by me in this application is true and correct to the best of my knowledge and belief. I have read and understand The Body Armour and Fortified Vehicle Control Act and regulations, and I am aware of and understand the conditions that will be placed on me as a body armour seller's license holder.

Applicant's Signature: _____ **Date Signed:** _____