

Application



Uniform Exemption for Loss Prevention Duties under *The Private Investigators and Security Guards Act*

Please read the information on this form carefully. It provides important details about your application for a uniform exemption.

Your personal information is being collected pursuant to section 6 of *The Private Investigators and Security Guards Act (PISGA)* and section 36 of *The Freedom of Information and Protection of Privacy Act (FIPPA)* to determine your eligibility for a licence under *The Private Investigators and Security Guards Act (PISGA)*. Uniform exemptions are issued according to the PISGA Regulation section 7.

Any questions regarding the personal information collected on this form may be directed to the Registrar, Private Investigators and Security Guards, 1800–155 Carlton, Winnipeg, Manitoba R3C 3H8 at 204-945-2825.

Important: A uniform exemption will only be issued to an individual licenced to act as a security guard who requires it to perform Loss Prevention Officer (LPO) duties as per section 7(3) of the PISGA Regulation. A uniform exemption only applies when the licence holder is acting as an LPO, as per section 7(2) of the PISGA Regulation.

At all other times when acting as a security guard, the individual must wear a uniform that meets the requirements set out under section 6(2) of the PISGA Regulation.

Part 1 – Applicant Information

Name:

Last Name	First Name	Middle name(s)
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Address:

Suite No.	Street Address	City/Town	Province	Postal Code
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Date of Birth:

Date of Birth (year, month, day)	
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Part 2 – Employer Information

Employer Business Name: _____

Employer Business Address: _____

Suite No.	Street Address	City/Town	Province	Postal Code
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Individual responsible for supervising the loss prevention officer is:

Last Name	First Name	Middle Name(s)
Phone	E-mail	Office Held

Part 3 – Declaration of Applicant’s Employer

I declare that to the best of my knowledge and belief, the information given in the application is true.

Dated: _____
(year, month, day)

Name of Employer (Print name): _____

Signature of Employer: _____

Signature of a Commissioner for Oaths in and for the Province of Manitoba

My Commission expires on the _____ day of _____ 20_____

Part 4 – Declaration of Applicant

I declare that to the best of my knowledge and belief, the information given in the application is true.

Dated: _____
(year, month, day)

Name of Applicant (Print name): _____

Signature of Applicant: _____

Signature of a Commissioner for Oaths in and for the Province of Manitoba

My Commission expires on the _____ day of _____ 20_____