

# 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. If your employer has changed, you are required to submit a new application for a uniform exemption.

Your personal information is being collected pursuant to section 6 of *The Private Investigators and Security Guards Act* 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*. Uniform exemptions are issued according to the *Private Investigators and Security Guards Act Regulation* section 7.

Any questions regarding the personal information collected on this form may be directed to the Registrar, Private Investigators and Security Guards, PO Box 20 Stn. Main, Winnipeg, Manitoba R3C 9Z9 or by email at [pisg@gov.mb.ca](mailto:pisg@gov.mb.ca).

**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 Private Investigators and Security Guards Act Regulation. A uniform exemption only applies when the licence holder is acting as an LPO, as per section 7(2) of the Private Investigators and Security Guards Act 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 Private Investigators and Security Guards Act 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)	Licence Number (n/a if new licence)
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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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**Manager or Supervisor responsible for supervising the loss prevention officer :**

Last Name	First Name	Middle Name(s)
Phone	E-mail	Title/Position

**Part 3 – Declaration of Applicant's Employer**

I declare that the individual named in the application requires a uniform exemption to perform Loss Prevention Officer (LPO) duties as per Section 7(3) of the Private Investigators and Security Guards Act Regulation in relation to their employment and that to the best of my knowledge and belief, the information given in the application is true.

Dated: \_\_\_\_\_  
(year, month, day)

Employer or Manager (Print name): \_\_\_\_\_

Signature of Employer/Manager: \_\_\_\_\_

**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: \_\_\_\_\_