



**Justice**

Community Safety Division  
Private Investigators and Security Guards Program  
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**Authorized Credit Card Usage Form**

- Credit Card information should not be e-mailed. Mail or fax this form to the Private Investigator and Security Guard program (address and fax above).
- We accept Visa or MasterCard.

I authorize the use of the following credit card for the sole purpose of payment of licensing, registration, exam administration and/or licence replacement fees as required under *The Private Investigators and Security Guards Act* and Regulation of Manitoba.

Type of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Name (exactly as shown on card): \_\_\_\_\_

Cardholder's Phone Number: (\_\_\_\_) \_\_\_\_\_

I authorize the following amount to be applied against this credit card:

\$ \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date Signed: \_\_\_\_\_