



**APPLICATION FOR PRIVATE PROPERTY
PARKING CONTROL OFFICER LICENCE**
BY-LAW 2015-232

Applicant Information				<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Officer #	
Surname				Given Names			
Street Address and Unit #			City		Province		Postal Code
Home Phone			Mobile Phone			Business Phone	
Birth Date	Day	Month	Year	Email Address			

Municipal Address(es) for which Parking Enforcement is to be conducted (attach additional form if required)							

Employer Section (to be completed if you are conducting parking enforcement on behalf of your employer)							
Employer Name				Name of Representative			
Mailing Address - Street Number, Name and Unit #			City		Province		Postal Code
Phone Number			Fax Number			Email Address	

This application shall be submitted in addition to the following original documents for review by the Licensing Issuer;

Is the applicant the owner of the property listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No – Written consent from the property owner permitting the applicant to conduct parking enforcement must be included in this application.
<input type="checkbox"/> \$205 License Fee <input type="checkbox"/> Proof of Date of Birth – Birth Certificate or Drivers License <input type="checkbox"/> Criminal Record Check dated within 90 days, or Valid Security Guard or Private Investigators License <input type="checkbox"/> Current Certificate of Insurance – not less than \$2,000,000 for general liability per occurrence basis (if the applicant's employer extends insurance to the applicant, then written authorization from the employer shall include particulars of the insurance as proof of coverage) <input type="checkbox"/> Written authorization from the applicant's employer for the performance of parking control by the applicant on behalf of the employer, including insurance coverage if applicable.		

Send all Notices of Trial to (check one below)	Delivery By (check one below)
<input type="checkbox"/> Applicant <input type="checkbox"/> Employer	<input type="checkbox"/> Regular Mail <input type="checkbox"/> E-Mail

Certificate and Consent of the Applicant	
I, the applicant named herein, certify that all the information contained in this application is accurate. I consent, pursuant to the <i>Municipal Freedom of Information and Protection of Privacy Act</i> , R.S.O. 1990, c. M. 56, c. 32 as amended or replaced, to the disclosure to the City by any law enforcement agency, provincial ministry, federal department, agency, board or commission thereof of such records and personal information as the License Issuer may determine is required for the purpose of any investigation to assist in determining if it is in order to issue a License or renewal of a License.	
Signature	Date

OFFICE USE		
Receipt:	Date of payment:	Training Date:
ID Card Issue Date:	MES:	ACR #: