

Security Training Programs Approved Security Training School

Justice & Public Safety Division
Security Training Programs

Please fill in the required information on the form below. In order to process your application, ALL parts of this form must be completed. Incomplete forms will be returned.

Category of Training School: (category of training schools is listed on the last page.)

- A. Security Guard Company Employee Training (training company employees only)
- B. Public Post-Secondary Institution or PCTIA Registered School
- C. Private (For Profit) Training School

SECTION 1 ±GENERAL INFORMATION

Name of School

Mailing Address

Telephone and Fax Number

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			-				-					F

Business email

Is the training facility in a location different from the school mailing address?

Yes No

School Owner (If there is more than one owner, provide information on a separate sheet)

Last Name	First Name	Middle Name
or Corporate Name		Email address

Is this the sole owner of the school?

| Yes No

If NO, provide information on a separate sheet

Mailing Address

Date of Birth

		/			/					0	0	1	4
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Last Name

First Name

Middle Name

Mailing Address

Date of Birth

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Telephone and Cellular Number

Chief Educational Officer

Last Name	First Name	Middle Name
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Position (if this application is from a licensed security business)

Mailing Address

Date of Birth

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Telephone and Cellular Number

School Contact Person

Last Name	First Name	Middle Name
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Position (if this application is from a licensed security business)

Mailing Address

Date of Birth

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Telephone and Cellular Number

SECTION II ±DESCRIPTION OF TRAINING FACILITY

Location of Primary Training Facility

- -
Telephone

Does the facility have:

YES NO

1. Adequate access to washroom facilities for all students?

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2. Adequate heating and ventilation for the number of students intended?

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3. Audiovisual display equipment or overhead projectors?

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4. Seating and desk space for the number of students intended?

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