



**APPLICATION FORM FOR APPROVAL TO OPERATE A PROTECTIVE
SERVICE AGENCY WITHIN THE MEANING OF THE SUPPLEMENTAL POLICE
ACT CHAPTER 15:02**

To be completed by a Director or Officer of the company

1. Has the company ever used, operated under, or carried on business under any other name than the name in which this application is submitted?

Yes

No

If so, give particulars

2. Does the company have any financial or other interests in any other business providing Security Guards and Escorts?

Yes

No

If so, give particulars

- A. Does the company have any financial interest or other interest in any other company?

Yes

No

If so, give reasons

3. Is the company incorporated outside of Trinidad & Tobago with an established place of business in Trinidad & Tobago?

Yes

No

If so, give particulars

4. Banks or other financial institution where the company has been known :

Length of time account maintained:

5. Is the company in receivership?

Yes

No

If so, give particulars

6. Has any judgement of any court been issued against the company?

Yes

No

If so, give particulars

7. Address of Business

A. Is this an office building or similar business premises?

Yes

No

B. Is this a Private Residence?

Yes

No

If yes,

I. Is office apart from dwelling?

Yes

No

II. Is office readily accessible to the general public by means of a separate entrance?

Yes

No

8. Address for Service

9. The names, addresses and telephone numbers of the company's directors and officials are set out below.

Official	Full Name	Address	Telephone
Chairman			
Vice Chairman			
Secretary			
Treasurer			
Director			

A. Do any officers or directors of the company have any financial or other interest in any other business providing security guards and escorts?

Yes

No

If yes, give date of registration and principal object of the company

10. State whether active security guard/escort or non-active security guard/escort

Active Security Guard/Escort

Non-active Security Guard/Escort

11. Has the company been registered under the Companies Act?

Yes

No

If yes, provide particulars

12. Proposed uniform to be worn by company. [Photograph in colour to be submitted.]

AFFIDAVIT

[Of Director or Officer of Company]

TRINIDAD AND TOBAGO

I _____

Of the _____

In the _____ of Trinidad and Tobago,
make oath and say.

1. I am [state position in company] _____
of [name of company] _____

and on its behalf I signed the foregoing application for approval to operate a
Protective Service Agency within the meaning of the Supplemental Police Act
Chapter 15:02.

2. The information given in the application is true.
3. Sworn before me at _____
In _____ on the _____ day of _____

Commissioner of Oath