



THE PRIVATE SECURITY REGULATION AUTHORITY
APPLICATION FOR LICENCE / RENEWAL



Ministry of National Security

Instructions

All sections MUST be completed in the applicant's OWN handwriting and in BLOCK letters. Where an application is completed online, the completed form must be printed and the applicant sign in the presence of a member of the Authority. Completed Forms MUST be accompanied with original and copies of the following documents: Article and Memorandum of Association, Certificate of Incorporation, Form 23 filed at the Registrar of Companies, Birth Certificate, C.R.O. Report, T.R.N., GCT Registration Certificate, Uniform description and photograph, Director's Profile, Proof of Insurance, Current Tax Compliance Certificate, list of Security Personnel and client listing for renewal of licence.

SECTION A - LICENSING DETAILS

1. Indicate whether: [] New Applicant [X] Application For Renewal
2. Application date: 14 10 07 Licence No1234597 (Renewal only)
3. Name of Company or Individual: JAMROCK SECURITY LTD.....
Address of Company or Individual:12 OCEAN VIEW.....
KINGSTON 3.....
Telephone No.:900-0001.....Fax No.: 900-0011.....Company Email Address jroc@cwjamaica.com.....
No. of Branches:one (1).....Address and telephone No.:SHOP #3, LOVE PLAZA.....
4. Type of Business [] Private Investigators Organization [] Security Consulting Organization
[] Proprietary Security Organization [] Body Guarding Organization
[X] Contract Security Organization [] Security Equipment
[] Armoured Services [] Response Services
5. Number of employees: FOURTEEN (14).....Number of Client Locations: FIVE (5).....
Client Name: TIGER SHARKS GIFT SHOP.....Address: SHOP #7 , LOVE PLAZA, ST. JAMES.....
Client Name: DIGICALL PHONES.....Address: 14 GEORGE ROAD, KINGSTON 5.....
Attach list if Number exceeds two (2).

SECTION B__ COMPANY DIRECTORS

Table with 4 columns: Name, Address (Home), Phone No. (Home), Position held in company. Rows include JOHN BROWN (5 CHERRY VIEW, KINGSTON 8, 600-1234, M/DIRECTOR) and JANE SMITH (16 FERRIS WAY, KINGSTON 10, 922-2435, DIRECTOR).

SECTION C - INSURANCE

Insurance Company:SELF ASSURANCE LIFE LTD.....Policy No.....5113...
Effective Date: 16 11 06 Expiry Date: 15 11 07

SECTION D -- GENERAL INFORMATION

1. Have you ever operated any business under any name other than the company name (including your own name) specified on this Form' Yes No

2. Have you or your company ever been licenced under this Act? Yes No
 If yes, give details**LICENCE AWARDED 31/10/2006**.....

3. In case of an individual, are you an undischarged bankrupt? Yes No
 If yes, give details

4. Is the company in liquidation or receivership? Yes No
 If so, give details:

5. Do you or your company have licenced firearms? Yes No
 If yes. complete form B.

SECTION E - DECLARATION

I certify that the information recorded on this form is true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation on this form may lead to the cancellation under section 13 of the Act of any Licence granted and may also lead to criminal prosecution under section 29 of the Act.

..... *J Brown*
 (Applicant's Signature)

dd mm yy
14 10 2007
 (Date)

....**JOHN BROWN**..... Print Name

<u>FOR OFFICIAL USE ONLY</u>			
Interviewed by:		Date: <u> </u> <u> </u> <u> </u>	
		dd mm yy	dd yy mm
Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No	Period.	<u> </u> <u> </u> <u> </u>	To <u> </u> <u> </u> <u> </u>
Comments			
.....			
.....	dd mm yy	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Operations Manager	Date	Executive Director	Date
<u>Documents Submitted</u>			
<input type="checkbox"/> Certificate of Incorporation	<input type="checkbox"/> Tax Compliance Certificate	<input type="checkbox"/> Client List	
<input type="checkbox"/> Uniform description and photograph	<input type="checkbox"/> GCT Registration Certificate	<input type="checkbox"/> Directors Profile	
<input type="checkbox"/> Form 23	<input type="checkbox"/> Proof of Insurance	<input type="checkbox"/> Nominal Roll	