



Notice of Request for a Hearing (For an Individual or Licensed Company)

(This space reserved for Office use only)

Application must be printed or typed in black ink.

Applicant Information

I would like the Ministry to communicate with me in:

English French

Family/Last Name(s) Middle Initial First Name(s)

Company Name(if applicable)

Contact Address

Street No. Street Name Unit/Suite/Apt. Rural Route PO Box Postal Station City/Town Province Postal Code

Home Phone Number Work Phone Number Cell Phone Number E-mail Address Home Fax Number Work Fax Number

Date of Registrar's letter of Proposed Action (yyyy/mm/dd)

Note: Please notify the Ministry immediately if you change your address, telephone or fax number. You must enclose a copy of the Registrar's Letter of Proposed Action for which you are requesting a hearing with this application.

Representation

If you will be represented by a lawyer/agent, please provide the following information about the lawyer/agent.

Family/Last Name Middle Initial First Name(s)

Legal Firm/Company Name

Address

Street No. Street Name Unit/Suite/Apt. Rural Route PO Box Postal Station City/Town Province Postal Code Phone Number Fax Number

If your agent completes this form, the agent must attach a written authorization, signed by you (the applicant), authorizing the agent to represent you in this matter.

Hearing Information

I would like my hearing to be heard in:

 English French

I plan to have witnesses testify at the hearing:

 No Yes

Number of Witnesses

Applicant's Position

Briefly summarize your reasons for this hearing. You may use this form or provide your own.

 Check here if additional sheets are attached. Number of pages attached : _____**Note: It is important to be as specific as possible. The items specified on this form will be the basis of what you may raise at your hearing.**

I wish a hearing to show why the Registrar should not: Refuse to issue or renew a licence Apply conditions to a licence or renewal of a licence Revoke a licence

Add additional comments for the Registrar's attention below

Acknowledgement

I have read the Ministry's attached guidelines and instructions, and I am ready to proceed with this hearing.

Signature of Applicant or Representative

Date (yyyy/mm/dd)

Important NoteHearings are held at our Toronto office at 777 Bay Street, 3rd Floor, Toronto ON M7A 2J6 or at an Ontario Provincial Police detachment near the applicant's place of residence.

Please return this completed and signed Notice of Request for a Hearing form by mail or fax, with all your written materials (where applicable) and a copy of the Registrar's proposed action, within the prescribed time permitted, to:The Registrar, Private Security and Investigative Services Branch
Ministry of Community Safety and Correctional Services
777 Bay Street, 3rd Floor, Toronto ON M7A 2J6

Telephone: 416 212-1650

Toll free: 1 866 767-7454

Fax: 416 212-1602

Personal information on this form is collected under the authority of the *Private Security and Investigative Services Act 2005*, R.S.O. 1990, S.O. 2005, c. 34., and will be used to hold a hearing before the Registrar.