CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

| (Please Print) (To be completed by applicant) | | | | |
|--|------------------------------|--------------------|--|---------|
| Surname (Last Name) (Provide previous name(s) prior to application if applicable) | First Name | | Middle Name | |
| Maiden Name or Other Surnames Used (if applicable): | Place of Birth | (Province and Co | untry) | |
| Date of Birth | 5 | Sex | Phone # | |
| (YEAR-MONTH-DAY) | | | | |
| Current Address | | | | |
| Number Street Apt/Unit C | City/Province/Co | untry | Postal Co | ode |
| Provide previous addresses, if any, within the last five (5) years | | | | |
| Number Street Apt/Unit C | City/Province/Cou | untry | Postal C | ode |
| Number Street Apt/Unit C | City/Province/Cou | untry | Postal C | ode |
| IF YOU ANSWERED YES TO THE ABOVE STATEMENT, YOU MUST COMPLETE THE Note: Information related to this criminal record is collected, retained, provincial and municipal privacy legislation SEARCH AUTHORIZATION: CPIC: Enhanced Criminal Check: I HEREBY CONSENT TO THE SEARCH OF THE RCMP NATIONAL REPOSITORY OF CRIMINAL RECORDS BASED ON THE NAME(S), DATE OF BIRTH AND DECLARED CRIMINAL RECORD PROVIDED. I UNDERSTAND THAT THE RESULTS MAY BE TRANSMITTED OUTSIDE CANADA TO (insert country) | | | | |
| RELEASE AUTHORIZATION AND WAIVER Authorization to Release Clearance Report. I certify that the information set out by me in this application is true and correct | | violent, harmful a | r, but not limited to: theft, weapons, sex offences on threatening behavior. | |
| of my ability. I consent to the release of a Criminal Record to CSI Inc. and its part I hereby release and forever discharge all members and employees of the processervice from any and all actions, claims and demands for damages, loss or injurarising which may hereafter be sustained by myself as a result of the disclosure of information by the processing Police Service to CSI Inc. and its partners. | ssing Police ry howsoever | Signed this | day of | |
| | | | | |
| COMPANY OR ORGANIZATION REQUESTING SEARCH | 1. | | | |
| Signature of Individual Witnessing Applicant's ID Printed Name of Individual Witnessing Applicant's ID | Note: The | presence of inform | Government Issued) and Secondary ID Viewed nation does not necessarily mean the applicant by the organization. | will be |

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

DECLARATION OF CRIMINAL RECORD INFORMATION

APPLICANT MUST DECLARE ALL CONVICTIONS FOR OFFENCES UNDER FEDERAL LAW

| Printed Name of Applicant Sign | | ature of Applicant | |
|--------------------------------|-------------------------------|---------------------|--|
| | | | |
| Date Signed – Year/M | onth/Day | | |
| CONVICTION DATE | OFFENCE | | |
| | (and POLICE SERVICE if known) | LOCATION OF OFFENCE | |
| | | | |
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DO NOT LIST ANY OF THE FOLLOWING OFFENCES ON THIS FORM:

A conviction for which the Applicant has received a Pardon in accordance with the Criminal Records Act
A conviction where the applicant was a "young person" under the Youth Criminal Justice Act
An Absolute Discharge or Conditional Discharge pursuant to section 730 of the Criminal Code
An offence for which the applicant was not convicted
Any provincial or municipal offence
Any charges dealt with outside of Canada

Declaration of Criminal Record does not constitute a Certified Criminal Record by the RCMP

Declaration of Criminal Record may not contain all criminal record convictions

A Certified Criminal Record can only be issued by CCRTIS based on the submission of fingerprints to the RCMP National Repository of Criminal Record.