



A. Personal Information						
Surname (last name):	Given nan	ne(s):				
Surname (last name) at birth:	Former na	me(s):				
Place of birth (City, Province/State, Country):	1					
Date of birth (YYYY-MM-DD):	Sex (check	one) Fe	emale	Male	Other	Not Disclosed
Phone number(s):	Email add	ess:				
Current Home Address	•					
Number Street Apartment Cit	ty			Province/Te	erritory/State	Posta/ZIP code
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)						
B. Reason for the Criminal Record Verification						
Reason for Request (example Employment - Employer - Job Title):						
Organization Requesting Search:						
Contact Name:	Con	tact Phone Nu	umber:			
C. Informed Consent						
<b>SEARCHAUTHORIZATION-I</b> HEREBY CONSENT TO THE SEARCH OF the RC and where used, the declared criminal record history provided by myself. I unders being confirmed by fingerprint comparison which is the only true means by which Records.	stand that this	s verification of	of the Nati	onal Reposit	ory of Crimina	al Records is not
POLICE INFORMATION SYSTEM(S) - I HEREBY CONSENT TO THE SEARCH OF police in the following systems (checkapplicable):	information sy	stems, as part o	of a Police I	nformation Che	eck, which will c	consist of a search of
CPIC Investigative Data Bank Police Informa	ation Portal (P	P)				
OTHER:						
AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or a l certify that the information set out by me in this application is true and correct to the beto, located in			o the relea	se of the resul	lts of the crimir	nal record checks
I hereby release and forever discharge all members and employees of the proces actions, claims and demands for damages, loss or injury howsoever arising which by the to Company Name	•		ned by mys			•
Signature of Applicant	Date Year	Month	Day	Signed at City	Province	e/Territory
D. Identification Verification				•	dentify Verifica	,
Witnessing Agent's Name:		Identification	Verified:			
Witnessing Agent's Signature		Type of Photo ID Viewed (GovernmentIssued) & Secondary ID				

Name and location of the company where information will be stored in Canada:

<sup>\*\*</sup>Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation.\*\*

## **Declaration of Criminal Record**

This form is required to be filled out and	l attached to your Info	rmed Consent Form for a	a Criminal Record Verificatio	n.
Surname(lastname)	Given name(s	)	Date of Birth	
Informationis collected and disclosed in ac	cordance with federal,p	ovincial and municipallaw	S.	YYYY-MM-DD
A Declaration of CriminalRecorddoes not c convictions.	onstitute a CertifiedCrir	ninal Recordby the RCMP a	and may notcontain all criminal	record
Applicants must declare all convictions for offerall conviction for which you have received a conviction where you were a "young and Absolute or Conditional Discharge, an offence for which you were not cone any provincial or municipal offence, are any charges dealt with outside of Canalla.	ed a Record Suspens person" under the Yo pursuant to section 7 victed; nd;			l Records Act;
Note that a Certified Criminal Record of Repository of Criminal Record.	can only be issued ba	ased on the submission	of fingerprints to the RCMI	<sup>9</sup> National
Offence		Date of Sentence	Court Locatio	n
Signature of Ap	pplicant	Date (YY	YYY-MM-DD)	
romou by.				
Name of Police Officer				
Signature of Police Officer				