

Consent Form

Consent for the release of police information and disclosure of personal information

Last Name:	First Na	ame:		Middle	Name:
Previous Maiden/Surname(s):	Countr	y of Birth (Coun	try):	Date of	Birth: (YYYY-MM-DD)
Gender:	Phone	Number:		Aliases:	
Driver's License:	Provinc	e issued:		Email A	ddress:
Current Address:	Apt/Unit :	City:	Province	e:	Postal Code:
Previous Address (if you l	have not lived a	t Current Addre	ss for mor	e than 5	years):
Street:	Apt/Unit:	City:	Province	e:	Postal Code:

I hereby consent to the search of the following:

- Driver Record/ Abstract Please specify Province or State (Region where Driver's License Issued)
- Insurance History Please specify Province or State (Region where Driver's License Issued)
- CVOR
- Education Verification
- TransClick (Aptitude Test)
- Check DL
- Employment Verification (Drug test information and Claims History)
- Credit Check

I hereby consent to a criminal record search (Adult) through both the:

• Local Police Records which includes Police Information Portal (PIP) Firearms Interest Person (FIP)

- and Niche RMS
- RCMP National Repository of Criminal Records which will be conducted based on name(s), date of birth and declared criminal record (as per Section 9.6.4 of the CCRTIS Dissemination policy)

*Authorization to Release Clearance Report or Any Police Information

I certify that the information I have supplied is correct and true to the best of my knowledge. I consent to the release of a Criminal Record or any Criminal Information to ISB Canada and its partners, and to the Organization Requesting Search named below and its designated agents and/or partners. All data is subject to provincial, state, and federal privacy legislation.

The criminal record search will be performed by a police service. I hereby release and forever discharge all members and employees of the Processing Police Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself or as a result of the disclosure of information by the Processing Police Service to ISB Canada and its partners.

*I hereby release and forever discharge all agents from any claims, actions demands for damages, injury or loss which may arise as a result of the disclosure of information by any of the information sources including but not limited to the Credit Bureau or Department of Motor Vehicles to the designated agents and/or their partners and representatives.

*I am aware and I give consent that the records named above may be transmitted electronically or in hard copy within Canada and to the country from where the search was requested as indicated below. By signing this waiver, I acknowledge full understanding of the content on this consent form.

Applicant's Signature - by signing this form you agree and consent to the terms and release of information listed on this form:

Signature of Applicant	Signatur	Signature of Company Witness		
Company Name Requesting Search:				

Declaration of Criminal Record

*When declaration is submitted, it must be accompanied by the Consent for the Release of Police Information form.

PART 1 - DECLARATION OF CRIMINAL RECORD (if applicable) - Completed by Applicant

Surname:	Given Name:	Gender:
Date of Birth: (YYYY-MM-DD)	Date: (YYYY-MM-DD)	
Current Address: Street:	Province:	Postal Code:
	rtified Criminal Record by the R	CMP
	rtified Criminal Record by the Rinal record convictions.	CMP

- Absolute discharges or Conditional discharges, pursuant to the Criminal Code, section 730.
- Any charges for which you have received a Pardon, pursuant to the Criminal Records Act.
- Any offences while you were a ""young person"" (twelve years old but less than eighteen years old), pursuant to the Youth Criminal Justice Act.
- Any charges for which you were not convicted, for example, charges that were withdrawn, dismissed, etc.
- Any provincial or municipal offences.
- Any charges dealt with outside of Canada.

NOTE:

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

Offence	Date of Sentence (YYYY-MM-DD)	Location

Mandatory use for all account holders

Important Notice Regarding Background Reports From The PSP Online Service

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	nployment with its or contractors may	y obtain one or more repo al Motor Carrier Safety Ad	("Prospective Employer"), Prospective Employer, orts regarding your driving, and lministration (FMCSA).
information it obtain employment decision report upon which in Reporting Act befor based upon your dr	ns from FMCSA in a con regarding you, the its decision was based taking any final adviving history or safety	decision to not hire you or Prospective Employer wi d and a written summary verse action. If any final ac	ne Prospective Employer uses any to make any other adverse II provide you with a copy of the of your rights under the Fair Credit dverse action is taken against you Employer will notify you that the whole on this report.
means, if the Prospenire you or to make must provide you we notification: that adfrom FMCSA; the nate make the decision to adverse action was of the report and mereport. If you reque report, then, within	ective Employer uses any other adverse elvithin three business overse action has been adverse action take the adverse actaken; and that you reay dispute with the First a copy of a driver rear must send or proven	s any information it obtain mployment decision rega days of taking adverse act in taken based in whole or e toll free telephone numb ction and is unable to pro- may, upon providing prop FMCSA the accuracy or cor record from the Prospecti ecciving your request, tog	none, computer, or other similar as from FMCSA in a decision to not rding you, the Prospective Employer tion oral, written or electronic in part on information obtained per of FMCSA; that the FMCSA did nowide you the specific reasons why the er identification, request a free copy impleteness of any information or we Employer who procured the ether with proper identification, the report and a summary of your rights
The Prospective Em writing.	ployer cannot obtain	n background reports fron	n FMCSA unless you consent in
If you agree that the following and sign b		er may obtain such backg	ground reports, please read the
2. l authorize		("Prospective Employ Employment Screen	yer") to access the FMCSA Pre- ing Program PSP
my safety inspection information including previous three (3) years.	n history. I understan ng crash data from th ears. I understand an	y commercial driving safe nd that I am consenting to ne previous five (5) years a	ty record and information regarding the release of safety performance and inspection history from the release of information may assist the

- 3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.
- 4. Please note: Any crash or inspection in which you were involved will display on your PSP report.

Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my

crash and inspection history. I hagents, and/or affiliates to obta		Employer and its employees, authorized above.
Date: (YYYY-MM-DD)	Name:	
Department of Transportation, are required by federal law to o Applicant's PSP report. Further, in paragraphs 1-4 of this docum whole, exactly as provided. The	Federal Motor Carrier Safety A btain an Applicant's written or account holders are required nent to obtain an Applicant's co language may be included wit	lers by NICT on behalf of the U.S. Administration (FMCSA). Account holders relectronic consent prior to accessing the by FMCSA to use the language provided onsent. The language must be used in the other consent forms or language at the remain intact and the language is
LAST UPDATED 10/29/2012		
Signature of Applicant	Sign	ature of Company Witness