

A. Personal Information					
Surname (last name):	Given names(s):				
Surname (last name) at birth:	Former name(s):				
Place of birth (City, Province/State, Country):					
Date of birth (YYYY-MM-DD):	Sex (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male				
Phone number(s):	Email address:				
Current Home Address					
Number	Street	Apartment	City	Province/Territory/State	Postal/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:	Contact Phone Number:				
C. Informed Consent					
<p>SEARCH AUTHORIZATION – I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.</p>					
<p>POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable):</p>					
<input type="checkbox"/> CPIC Investigative Data Bank <input type="checkbox"/> Police Information Portal (PIP)					
<input type="checkbox"/> OTHER: FIP, Niche RMS					
<p>AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.</p>					
<p>I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to _____, located in _____</p>					
Company Name		City and Country			
<p>I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the to _____, located in _____.</p>					
Name of Processing Police Service		Company Name		City and Country	
Signature of Applicant		Date Year – Month - Day		Signed at City _____ Province/Territory _____	
D. Identification Verification			<input type="checkbox"/> Physical Identity Verification		<input type="checkbox"/> Electronic Identity Verification
Witnessing Agent's Name:			Identification Verified:		
Witnessing Agent's Signature: N/A			Type of Photo ID Viewed (Government Issued) & Secondary ID		

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

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 and attached to your Informed Consent Form for a Criminal Record Verification.

Surname (last name) _____ Given name(s) _____ Date of Birth: _____
YYYY-MM-DD

Information is collected and disclosed in accordance with federal, provincial and municipal laws.

A Declaration of Criminal Record does not constitute a Certified Criminal Record by the RCMP and may not contain all criminal record convictions.

Applicants must declare all convictions for offences under Canadian federal law.

Do not declare the following:

- A conviction for which you have received a Record Suspension (formerly pardon) in accordance with the *Criminal Records Act*;
- A conviction where you were a "young person" under the *Youth Criminal Justice Act*;
- An Absolute or Conditional Discharge, pursuant to section 730 of the *Criminal Code*;
- An offence for which you were not convicted;
- Any provincial or municipal offence, and;
- Any charges dealt with outside of Canada.

Note that 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	Court Location

Signature of Applicant

Date (YYYY-MM-DD)

Verified By:

Name of Police Agency Employee

N/A

Signature of Police Agency Employee