

CRIMINAL RECORD CHECK (CRC) Informed Consent Form

A. Personal Information						
		Citizen manuals)				
Surname (last name):		Given names(s):				
Surname (last name) at birth: Former name(s):						
Place of birth (City, Province/State, Country):		Carr (ab a al. ana)	□ Famala	□ Nasla		
Date of birth (YYYY-MM-DD):		Sex (check one)	☐ Female	☐ 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 Check (CRC)						
Reason for Request (example: Employment – Employer – Job Title):						
Organization Requesting Search:						
Contact Name:		Contact Phone Number:				
C. Informed Consent						
fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records. POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Criminal Record and Judicial Matters Check, which will consist of a search of the following systems (check applicable): □ CPIC investigative Data Bank □ Police Information Portal (PIP)						
AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information. 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 Company Name City and Country 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 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	☐ Physica	l Identity Verification	☐ Electronic I	dentity Verification		
Witnessing Agent's Name:		Identification Verified	d: Yes	No		
Vitnessing Agent's Signature:		Type of Photo ID Viewed (Government Issued) & Secondary ID				

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

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

Date (YYYY-MM-DD)

Declaration of Criminal Record

This form is required to be filled and	attached to your Informed Consent Fo	rm for a Crimino	al Record Check (CRC).
Surname (last name)	Given name(s)	Given name(s)	
Information is collected and disclose	d in accordance with federal, provinc	ial and municipa	YYYY-MM-DD l laws.
A Declaration of Criminal Record doe record convictions.	es not constitute a Certified Criminal F	Record by the RC	CMP and may not contain all criminal
Applicants must declare all convictio	ns for offences under Canadian feder	al law.	
 An offence for which you were not Any provincial or municipal offen Any charges dealt with outside of Note that a Certified Criminal Recor	ce, and;		erprints to the RCMP National
Repository of Criminal Records. Offence	Date of	Sentence	Court Location
	2400		303.110 2003.11011

Signature of Applicant

Declarations continued

Offence	Date of Sentence	Court Location