

## Consent for the Release of Police Information

Applicant Inforπ	ation	000 011	Olloo III							
Last Name		Given Na	Given Name 1 Given Name			2				
Gender	Date of Birth (yyyy-mm-d	id) Current A	Current Addresa							
Male Female										
City		Province	Province Postal Code (A9A 9A9)			Telephone Number (include area code)				
Place of Birth		Usual Fire	Usual First Name or Alias			Melden Name or any Other Last Name				
Name at Birth	Previous	Previous Names or Legalty Changed Names								
Previous Address	es									
Provide previous addres	sees if less than 5 years a	at current addre	158.							
				City		Province	ince Postal Code (A9A 9A9)			
Consent	41-2 1-1151				-				ALL PLANTS	
be disclosed to a prosp- disclosed. The suitability checks. The police ager Signature of Appl I consent to a search of findings of guilt or convi	all records and informati	ization, you ack and controlled not involved w on available at egistered in my	thowledge that by the employed th, or responsi- the time the se name in the N	you understa or or the orga- ble for, decisi erch is condu ational Repo	and that your suital nization - not the plant that are made acted, including no sitory of Criminal F	bility could be solice agency a by the emplored in-conviction Records and	e determine or authori loyer or org information local recor	ed based on the ized body conduct panization.  n, charges before ds available to the	information ding the	
service. I understand that if information or a possible record exists, it will not be disclosed until identification has been confirmed by either myself or by fingerprints.    Date of Consent (yvyy-mm-dd)									<i>ાત</i> ો	
Signature							Dam OI CA	маши (уууу-ии <i>н</i>	40)	
Requesting Organization  Record Check results will be picked up in person by the applicant						Fingerprint For card scan submissions only.				
And the second s	ton that is requesting and	d should receive	CONSTRUCTOR SOL	the record of	necks.					
Name of Person or Org		Address								
City		Province Postal Code (A9A 9A9)								
Waiver for Conse	nt of Release of Ini	formation to	Third Part	У						
I consent to the release Organization/Company	of any and all informatio	n from availabl	e records to the	authorized	person of the abov	re indicated				
Signature				Date (yyyy-mm-dd)		Finger				
Topo of Desayd	Charle Barriand	1000	-							
	Check Required	record sheets b	alon constant			1881				
THE PARTY OF THE P	mpleted by the applicant (inleal type of record check being requested).						Additional Requirements Initial			
Туре	Description  A query based on name and date of birth, of active criminal files in the RCMP Natio					al .	Addition	ar requirement	IEIPCIAII	
Name-Based Crimina Record Check						nal record. inal Record query of	N/A			
Fingerprint-Based Criminal Record Check	A fingerprint-besed search of the RCMP's national repository of fingerprints and criminal record information. The results of the search will produce a document that includes criminal record information where the identity of the applicant has been verified by fingerprints.						N/A			
Vulnerable Sector Check	A Vulnerable Sector Check is the most comprehensive type of check. It includes a query based on name and date of birth of a local police agency's records management system, commonly referred to as a local indices's check, in addition to queries of CPIC Identification, investigative, and intelligence Data Banks. The query may also include a search of court records and a query of records management systems in other police agencies' jurisdictions through the Police Information Portal (PIP) or other data sharing systems.						Form 3923 completed and attached			
Declaration of Criminal Records	This will result in the RCMP detachment providing a list of all of the criminal convictions and related information that are included on the criminal record on CPIC. This may only be provided by the detachment where the applicant lives.							m 6359 spleted and iched		
Identification P	rovided									
To be completed by th								Tour tree to		
Applicant Identification	Type 1 A	cation Type 2		RCMP Employee Name			HRMIS Number			

