

APPLICATION FOR

CRIMINAL RECORDS SCREENING CERTIFICATE

Please complete this form and submit with a **\$20.00 fee** (non-refundable) to the **RNC Cash Office**, at 1 Fort Townsend off Parade Street. **Interac** is available for your convenience.

Cash Office is open from 9:00 - 4:30 weekdays. Summer hours are 9:00 - 4:00 weekdays.

There is an "after-hours drop off box" available for completed applications with applicable payment (Cheques are preferable as we will not be responsible/liable for any cash lost from this drop-off box). Applications can also be mailed, only if they are accompanied by a non-refundable \$20.00 cheque or money order made payable to "Newfoundland Exchequer Account", and mailed to RNC Cash Office, 1 Fort Townsend, St. John's, NL, A1C 2G2. Please do not send cash in the mail.

Processing will take a minimum of ONE WEEK, excluding weekends and holidays.

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The applicant is the only person permitted to pick up this certificate. The applicant must produce two (2) pieces of Identification, one of which contains the applicant's Date of Birth.

All criminal records screening certificates must be picked up within 60 days of completion, unclaimed certificates will be destroyed.

SECTION 1

- (a) I hereby request that a search of your records be conducted to determine if there are any criminal convictions or criminal findings of guilt related to me in your records.
- (b) I hereby agree that no liability attaches to the Royal Newfoundland Constabulary in relation to this search. I further agree that the Royal Newfoundland Constabulary is not responsible for any inaccuracies resulting from the search.
- (c) With the exception of **SECTION 2** of this application, I understand that any certificate that may be issued in relation to the search is issued to me only for my own use. If I reveal the search certificate to any person or body I do so of my own free will. If I reveal the search certificate to any person or body, I agree to hold the Royal Newfoundland Constabulary harmless for any use that person or body makes of the information.

<u>(a)</u>	i ne disclosure of	any into	rmatio	n resulting i	rom this search is m	y responsibil	ity.		
Last Name:					_ Maiden Name:				
Na	me (Proper birth	n names	s requ	ired)	st	Second		Third	
					Work Phone #				
Da	te of Birth: Year		th D		City/Town a	and Provinc	ce of Birth: _		
Current Street Address:						City/Tov	vn:		
Pr	ovince:				P	ostal Code	:		
Ge	ender:	_ Hei	ight: _		Weight:	Eye	Colour:		
APPLICANT'S SIGNATURE:							E:		
lf y	ou answer "yes	" to an	y of th	ne followir	ng question, pleas	se attach d	etails.		
1.	Have you been	convid		f any offe	nce in Canada or If yes, Details:				
2.	Have you ever YES	change	-	ır name?	_		Second		
3.	Have you ever	r been	prohik	oited by a	ny court from po	ssessing a	any firearm, a	ımmunition, or	explosive
	YES		NO		If yes, Details:				

Searches will only be completed for the following purposes:									
Please	check the purpose(s) that apply to your request:								
	Required by statute or regulation: Statute:								
_	Regulation:								
	Required for foreign work or travel								
	Required by agency or group dealing with children, elderly, physically, or mentally challenged persons & volunteers. (complete Section 2 below)								
	d for adoption (complete Section 2 below)								
	Required for licence: Licence Type:								
	Required for education institution: Education Institution:								
	Required for employment								
	Required for Pardon								
	Other								
If you are a young person (under 18 years), you agree that you are making this application for disclosure of any record you may have pursuant to the YOUTH CRIMINAL JUSTICE ACT . Should you be denied a search certificate, you may, in writing, request a Criminal Record Screening Certificate Record Endorsement from Provincial Court. This Certificate will be subject to the same terms and conditions set out previously in this application.									
SECTION 2									
	ection is to be only completed by those applying to work or volunteer with agencies or groups dealing hildren or young persons (under 18 years), elderly, physically or mentally challenged persons.								
Name	of Agency or Group:								
Addre	ss:Postal Code:								
Conta	ct Person: Telephone:								
Position	on volunteering for:								
	king this application for a Criminal Record Screening Certificate, I agree to allow the Royal undland Constabulary to:								
(a)	extend the search to include current investigations and present and or pending charges;								
(b)	notify the institution or agency of any inability to obtain a Criminal Record Screening Certificate; and								
(c)	notify the agency or group representative of any present or pending charges against me.								
Signature of Applicant: Date: Date:									
	Please attach authorization letter for volunteer applications.								
	Office Use Only								
CPIC (Check: Court Check: PIRS Check: Other Check:								
ICAN (Check: Certificate Number: Receipt Number:								
Signature Records Staff: Date:									

RNC Form #062 Page 2 of 2