TIMMINS POLICE SERVICE



Primary Identification Produced



CRIMINAL RECORD CHECK CRIMINAL RECORD AND JUDICIAL MATTERS CHECK VULNERABLE SECTOR CHECK **EXEMPTED RECORD CHECK**

*Please note that Exempted Record Checks are only available to those requiring a record check for positions under the Child, Youth and Family Services Act (CYFSA), the Intercountry Adoption Act (IAA) and the Children's Law Reform Act (CLRA).

**Personal information is collected subject to your written consent under the authority of sections 6.3(2) and 6.3(3) of the Criminal Records Act, R.S.C. 1985, c.C-47 (as amended), section 2(1)(a) of the Criminal Record Regulations, SOR/2000-303 (as amended), and sections 6, 7 and 8 of the Police Record Checks Reform Act, 2015, S.O. 2015, Chapter 30, and will be used to verify your identity and to conduct your requested police records check and/or vulnerable sector check.

TO BE COMPLETED BY APPLICANT Mailing Address (name, street, city, province, postal code)					Date of Request//				
Please Print UNDER each heading					yyyy/ mm /dd				
Last Name	First Name				Middle Name				
Hand Church Name	A + / + +		N4=:- -	- Nama an Othan Na		Oth an Ein	No		
# and Street Name	Apt/Unit#		ivialue	n Name or Other Na	imes osed	Other Fir	st Names		
City P	Province	Postal Co	ode	Date of Birth		Gender	Other Na	ames	
					/		İ		
Contact phone number				yyyy/ mm Email address	/dd		<u> </u>		
contact phone number				Email dadiess					
Address History – please fill ou	ut if resident address	differs from n	nailing a	ddress and/or res	ided OUTSIDE	of the Res	gion in the	e past 5 years	
Street name # (please state below)			. 0 .	Apt/Unit #		City		Province	
Reason for Request: (please	fill out the follow	ving) **if y	ou are	between the a	ages of 12-2	22 please	e refer t	o back**	
Specifically state the Reason for Criminal Record Check or Criminal Record and Judicial Matters Check or Vulnerable Sector Check:									
,									
SELF DECLARATION (if applicab	ole): Declara	tion of Crimi	nal Rec	ord Attached					
Fill out the section below ONL	Y if requesting a V	ulnerable Se	ctor Ch	eck:					
Name of Employer/Organization/S									
, , , , , , , , , , , , , , , , , , ,	,	. 0							
Check box of Vulnerable Person(s)	you will be responsib	ole for the wel	l-being o	of (can check off n	nore than one	(1) if appli	icable):		
Children Elderly	(over 65)	Other – plea	se specif	y:					
The Criminal Record Check will include	e the following informa	ation as it exists	on the d	ate of the search:					
 Criminal convictions from the 					s and Summary	convictions	for the par	st five (5) years,	
when identified									
Youth criminal Justice Act fit The Criminal Record and Judicial Mati				_	_		of the coar	rch.	
Outstanding entries such as				-					
Investigative Databank mus	-	-			-	re policy, ii	normation	robtained from the	
Absolute and Conditional D			•		•				
The Vulnerable Sector Check will inclu		_							
• In very exceptional cases, there it meets the Public Safety Test, non-conviction dispositions including but not limited to, Withdrawn and Dismissed									
 Not Criminally Responsible by Reason of Mental Disorder All record suspensions for release by the Minister of PublicSafety 									
CONSENT (Consent for Exen	•	· · · · · · · · · · · · · · · · · · ·	ed)						
CONSERVI (CONSCIENTION EXCIT	The record city	- Attach	- Cuj						
I hereby authorize the TIM	MINE DOLICE SERVICE +	o conduct a coa	rch haca	d on the names(s) d	ata of hirth and	l doclared c	riminal roc	eard history to	
·								• •	
•	obtain the information required to complete the Police Record Check and disclose such information to me. This includes a search of the Durham Regional Police Service Records Management Systems (RMS), and the Canadian Police Information Centre (CPIC) database, maintained by the RCMP.								
This search of the CPIC data	abase includes a search	of the Identifica	ation Data	a Bank (known as th	e National Repo	sitory of Cr	iminal Rec	ords), the	
Investigative Data Bank and							01105 650	MCE (
 I hereby release and discha all actions, claims and dem 	-							•	
of the information to me by	•			•					
police records to me includ	ing: criminal conviction	s (summary and	, l indictab	le); absolute and co	nditional discha	rges; and ca	ases of not	criminally	
responsible for reasons of r		-	ch as cha	rges, judicial orders	, probation and	prohibition	orders an	d to conduct a local	
police contact search with a 3. I certify that the informatio	•		true and	carract to the bact of	of my knowloda	o and haliaf	f I havo ro	ad this consent	
 I certify that the informatio understand it, and agree to 		s application is	tiue and	correct to the best t	of fifty knowledg	e and belief	. I Have rea	au tilis consent,	
4. For Vulnerable Sector Chec	•	8 years of age o	or older: I	hereby consent to a	a search being r	nade in the	automated	d criminal records	
retrieval system maintained	•					_			
(pardon) for, any sexual off									
	suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a record suspension was granted or issued, I will be requested to provide fingerprints to confirm that record and that record may be provided by								
-	the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety, who may then disclose all or part of the information								
	contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I								
further consent in writing t			person c	or organization refer	red to the abov	e that requ	ested the v	erification, that	
information will be disclose				this Dalies Desert	Shaal: ha fa.		: ا: مــــ مـــا		
I understand that the presonant have provided	ribed tee is non-retund	able and the res	sponse to	this Police Record C	neck will be for	warded to	the mailing	3 address that I	
nave provided									
Applicant/s Cisus-turn									
Applicant's Signature:				Date:			,		
					ууу	y mm	/ dd		
POLICE U	SE ONLY – Reque	est reviewe	d and r	non-refundabl	e fee(s) rec	eived by	:		
Name	Badge. No				Fee Paid	d 🔲	Other		
	Í	I			l				

Proof of Timmins Address

Secondary Identification Produced



TO BE FILLED OUT BY APPLICANTS BETWEEN THE AGES OF TWELVE (12) AND TWENTY-TWO (22) AND WHOM REQUIRE THIS CONSENT FOR A POSITION WITH A GOVERNMENT AGENCY

ame of Government Agency:
ddress of Government Agency:
osition with Government Agency: