

CANADA CPIC Authorization for Release of Information

Client Information (Please type or print clearly, illegible information cannot be processed) *Required Fields

Name of Company

Client Account

MAILING ADDRESS STREET / PO BOX / RR# CITY/PROVINCE/STATE POSTAL CODE / ZIP CODE

Applicant Information

I authorize the above named company through its "Agent" to obtain information regarding:

1. Criminal records which relate to me; Police files, from any law enforcement agency, Canadian or otherwise, which relate to me;
2. Employment or Personal reference verification and/or Education, professional license verification which relate to me;
3. Contents of any past and/or present Workers Compensation claims which relate to me;
4. Consumer credit report which relates to me, and/or;
5. Driver's abstract/record from the province of.

Please check appropriate box(es) below:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Criminal Records Search | <input type="checkbox"/> Credit Bureau Report | <input type="checkbox"/> Driver's Abstract | <input type="checkbox"/> Employment verification |
| <input type="checkbox"/> Child Abuse Registry | <input type="checkbox"/> Education/Professional Accreditation | <input type="checkbox"/> WCB Claims | |
| <input type="checkbox"/> Global Terrorist Watch List | <input type="checkbox"/> Social Networking Research | <input type="checkbox"/> Personal Reference Verification | |

I also hereby consent that any information that is obtained by the foregoing search processes may be released to the above named company, the party requiring the security through its Agent, at the discretion of the processing Canadian Police Department. I certify that the information set out by me in this application is true and correct to the best of my ability. I hereby release the above named company, and forever discharge all members and employees of the processing Police Department; and its Agents 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 processing Police Department to the organizations listed herein. Information is Collected and Disclosed according to the Personal Information Protection Act (PIPA), the Personal Information Protection & Electronic Documents Act (PIPEDA) or the Municipal Freedom of Information & Protection of Privacy Act (MFIPPA).

Applicant: LAST FIRST MIDDLE MAIDEN (if applicable)

Address: STREET / PO BOX / RR # CITY / PROVINCE / STATE POSTAL CODE / ZIP CODE

Telephone #: Male Female Driver's Lic #

Date of Birth: YEAR MONTH DAY Place of Birth: CITY / PROVINCE / COUNTRY S.I.N./SSN

By signing this waiver, I acknowledge full understanding of it's content and meaning.

Signature: _____ Date: _____

Applicant identity verified by client / Commissioner of Oaths / Notary by comparing 2 pieces of government issued photo ID to applicant:

I solemnly declare by my true signature that I have verified the applicant's identity with two authorized pieces of ID, one of which was an authorized government photo ID and that the photo image is a true likeness of the applicant. I declare that I understand it is an offence to make a false statement.

- | | | |
|--|--|---|
| <input type="checkbox"/> Canadian Driver's Licence | <input type="checkbox"/> Canadian Citizenship Card | <input type="checkbox"/> Firearms Acquisition Certificate |
| <input type="checkbox"/> Foreign Driver's Licence | <input type="checkbox"/> Permanent Resident (PR) Card | <input type="checkbox"/> Federal, Provincial or Municipal ID Card |
| <input type="checkbox"/> Canadian Passport | <input type="checkbox"/> Certificate of Indian Status | <input type="checkbox"/> Military Family ID Card |
| <input type="checkbox"/> Foreign Passport | <input type="checkbox"/> Student Identity Card - Foreign Institute | <input type="checkbox"/> CNIB ID Card |

Note: Health cards (issued by Canadian Province or Territory) and Social Insurance Number (SIN) are not acceptable for identification purposes

Signature : _____ Print: _____ Date: _____ Telephone: _____