

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.

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

(d) The disclosure of any information resulting from this search is my responsibility.

An Applicant must provide: two (2) valid pieces of identification, one of which must be government-issued and include the Applicant's name, date of birth, signature and photo.

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.

Last Name:	Maiden Name:	_
Name (Proper birth names required)	First Second Third	_
Home Phone#	Work Phone #	_
Date of Birth:Year Month Day	City/Town and Province of Birth:	_
Current Street Address:	City/Town:	_
Province:	Postal Code:	-
Gender: Height:	Weight: Eye Colour:	_
APPLICANT'S SIGNATURE:	DATE:	_
If you answer "yes" to any of the fo	lowing question, please attach details.	
	offence in Canada or the United States? If yes, Details:	_
2. Have you ever changed your na	me? Previous Name: First Second Las	_
3 Have you ever been prohibited	by any court from possessing any firearm, ammunition, o	
substance?		JI GVD

Searches will only be completed for the following purposes:

Pleas	e check the p	ourpose(s) that apply to y	our request:				
Ο	Required by	statute or regulation:	Statute:				
			Regulation:				
Ο	Required fo	r foreign work or travel					
Ο	Required by	Required by agency or group dealing with children, elderly, physically, or mentally challenged persons & volunteers. (complete Section 2 below)					
Ο	Required fo	Required for adoption (complete Section 2 below)					
Ο	Required for licence: Licence Type:						
Ο	Required fo	r education institution:	Education Institu	ution:			
Ο	Required fo	r employment					
Ο	Required for Pardon						
Ο	•						
cer Pro	rtificate, you m	nay, in writing, request a C	Criminal Record Screen	FICE ACT. Should you be denied a search ening Certificate Record Endorsement from rms and conditions set out previously in this			
			SECTION 2				
with o	children or yo	oung persons (under 18 y	ears), elderly, physi	or volunteer with agencies or groups dealing ically or mentally challenged persons. Postal Code:			
Conta	act Person: _		Telephon	ne:			
Positi	ion volunteer	ing for:					
	•	oplication for a Criminants	al Record Screenir	ng Certificate, I agree to allow the Royal			
(a)	extend the search to include current investigations and present and or pending charges;						
(b)	notify the in	notify the institution or agency of any inability to obtain a Criminal Record Screening Certificate; and					
(c)	notify the ag	gency or group representa	tive of any present or	pending charges against me.			
	ture of Applica only if comple	ting Section 2)	orization letter for vo Office Use Only	Date: Dlunteer applications.**			
CPIC	Check:	Court Check:	PIRS Check: _	Other Check:			
ICAN	Check:	_ Certificate Number:		Receipt Number:			
Signature Records Staff:Date:							

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