



LOCAL POLICE RECORDS CHECK FORM
For the purpose of a Record Suspension Application
Please print clearly using blue ink. You must answer all questions.

SECTION A: PERSONAL INFORMATION - You must answer all questions.

1. What is your full legal name? (You must fill in your name and date of birth at the top of page 2 as well.)

Last Name: _____ Given Name(s): _____

2. Have you ever used another name other than your legal name above (include Nicknames)?

No Yes If YES, please write the other names below or your application will be returned to you.

Table with 2 columns: Previous Last Name(s), Previous Given Name(s)

3. What is your gender? MALE FEMALE 4. What is your date of birth? [Grid for date of birth]

5. Do you have a Driver's Licence? No Yes If YES, what is your Driver's Licence number? Province: _____

SECTION B: MAILING AND RESIDENCE INFORMATION - You must answer all questions.

6. What is your mailing address?

Apartment/House Number and Street Address City/Town Province Postal Code Country

7. What is your telephone number? _____

8. What addresses have you lived at in the last 5 years? Include your current address. P.O. Boxes will not be accepted.

Table with 5 columns: Address, City/Town, Province, Country, and a grid for dates (From/To)

SECTION C: APPLICANT AUTHORIZATION - You must sign and date here.

9. You must write in the name of the Police Service, and then you must sign and date this form.

I hereby authorize (write in name of Police Service here) _____ to release to the Parole Board of Canada information that the Police is allowed to divulge.

Sign here: ► _____ (Applicant's Signature)

Date: [Grid for date]

10. Ask the Police Service to fill in the back of this form. Include this form in your application with the front side filled in by you and back side filled in by the Police Service.

Please turn this form over. ►

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APPLICANT INFORMATION – You must fill in this information.

Indicate the full legal name and date of birth of the applicant provided on the front of this form:

Full legal name: _____

Date of birth:

Y	Y	Y	Y	M	M	D	D
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SECTION D: FOR POLICE USE ONLY. Do not write in this section.

Are there convictions in addition to those appearing on CPIC? No Yes

Conviction(s) in addition to those appearing on CPIC

Offence Description	Sentence	Place of Sentence	Arresting Police Service	Date of Sentence									
				Y	Y	Y	Y	M	M	D	D		

List all information related to incidents involving Police and All Charges Regardless of Disposition Including Provincial Convictions/Charges.

Nature of Occurrence	Outcome	File Number	Date of Occurrence										
			Y	Y	Y	Y	M	M	D	D			

Police Representative Information:

Police Service Name: _____

Police Representative Name: _____

Telephone Number: () _____

► _____
Signature

Date:

Y	Y	Y	Y	M	M	D	D
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Internal Use Only					

Please put
Police Service
seal or
Stamp here.