Applicant/Subject: Complete Section A, sign and date Section C, and complete and sign the Declaration Form.

Employer: Enter your company name and contact info in Section B, and company name and location in Section C. Complete all portions of Section d. Submit (a) the completed Informed Consent Form, (b) the completed Declaration Form, and (c) clear copies of the verified IDs to 602-337-3062 or via email cs@universalbackground.com. Submitted documents that are not clear and legible may be rejected by the police service and result in delays.

CRIMINAL RECORD VERIFICATION Informed Consent Form

A. Personal Information					
Surname (last name):		Given names(s):			
Surname (last name) at birth:		Former name(s):			
Place of birth (City, Province/State, Country):					
Date of birth (YYYY-MM-DD):		Sex (check one)	☐ Female	☐ Male	
Phone number(s):		Email address:			
Current Home Address					
					
Number Street Apartment					
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)					
					
B. Reason for the Criminal Record Verification					
Reason for Request (example: Employment – Employer – Job Title):					
Organization Requesting Search:					
Contact Name:		Contact Phone Number:			
C. Informed Consent					
the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records. POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable): CPIC investigative Data Bank Police Information Portal (PIP) OTHER:					
AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.					
I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record					
checks to, located in Company Name City and Country					
I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police 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 to					
Name of Processing Police Service Company Name City and Country					
Signature of Applicant	Date		Signed at		
	Year – Month - Day				
			City	Province/Territory	
Identification Verification		I Identity Verification			
/itnessing Agent's Name:		Identification Verified:			
Witnessing Agent's Signature:		Type of Photo ID Viewed (Government Issued) & Secondary ID			

**Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation. **

Name and location of the company where information will be stored in Canada:___

Declaration of Criminal Record

This form is required to be filled and attached	to your Informed Consent Form for a	า Criminal Record Verification.
Gurname (last name) Given name(s)		Date of Birth:
		YYYY-MM-DD
Information is collected and disclosed in accor	rdance with federal, provincial and n	nunicipal laws.
A Declaration of Criminal Record does not con record convictions.	nstitute a Certified Criminal Record b	y the RCMP and may not contain all criminal
Applicants must declare all convictions for offe	ences under Canadian federal law.	
Do not declare the following: A conviction for which you have received a A conviction where you were a "young per An Absolute or Conditional Discharge, purs An offence for which you were not convict Any provincial or municipal offence, and; Any charges dealt with outside of Canada. Note that a Certified Criminal Record can onl Repository of Criminal Records.	rson" under the <i>Youth Criminal Justic</i> suant to section 730 of the <i>Criminal</i> ted;	Code;
Offence	Date of Sentence	e Court Location
		
Signature of Applicant		Date (YYYY-MM-DD)
Verified By:		To be completed by Policy Agency Onl
Name of Police Agency Employee		
Signature of Police Agency Employee		