



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.

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

Last Name: Maiden Name:

Name (Proper birth names required) First Second Third

Home Phone# Work Phone #

Date of Birth: City/Town and Province of Birth:
Year Month Day

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 following question, please attach details.

1. Have you been convicted of any offence in Canada or the United States? YES NO If yes, Details:

2. Have you ever changed your name? YES NO Previous Name: First Second Last

3. Have you ever been prohibited by any court from possessing any firearm, ammunition, or explosive substance? YES NO If yes, Details:

Searches will only be completed for the following purposes:

Please check the purpose(s) that apply to your request:

- Required by statute or regulation: Statute: _____
Regulation: _____
- Required for foreign work or travel
- Required by agency or group dealing with children, elderly, physically, or mentally challenged persons & volunteers. (complete Section 2 below)
- Required for adoption (complete Section 2 below)
- Required for licence: Licence Type: _____
- Required for education institution: Education Institution: _____
- Required for employment
- Required for Pardon
- Other _____

If you are a young person (under 18 years), you agree that you are making this application for disclosure of any record you may have pursuant to the **YOUTH CRIMINAL JUSTICE ACT**. Should you be denied a search certificate, you may, in writing, request a Criminal Record Screening Certificate Record Endorsement from Provincial Court. This Certificate will be subject to the same terms and conditions set out previously in this application.

SECTION 2

This Section is to be only completed by those applying to work or volunteer with agencies or groups dealing with children or young persons (under 18 years), elderly, physically or mentally challenged persons.

Name of Agency or Group: _____

Address: _____ City/Town: _____ Postal Code: _____

Contact Person: _____ Telephone: _____

Position volunteering for: _____

In making this application for a Criminal Record Screening Certificate, I agree to allow the Royal Newfoundland Constabulary to:

- (a) extend the search to include current investigations and present and or pending charges;
- (b) notify the institution or agency of any inability to obtain a Criminal Record Screening Certificate; **and**
- (c) notify the agency or group representative of any present or pending charges against me.

Signature of Applicant: _____ Date: _____
(Sign only if completing Section 2)

****Please attach authorization letter for volunteer applications.****

Office Use Only

CPIC Check: _____ Court Check: _____ PIRS Check: _____ Other Check: _____

ICAN Check: _____ Certificate Number: _____ Receipt Number: _____

Signature Records Staff: _____ Date: _____