



HANOVER POLICE SERVICE

MUST SELECT ONE [Red Arrow]

- CRIMINAL RECORD CHECK
CRIMINAL RECORD AND JUDICIAL MATTERS CHECK
VULNERABLE SECTOR CHECK

TO BE COMPLETED BY APPLICANT
Mailing Address (name, street, city, province, postal code)
Date of Request
Last Name, First Name, Middle Name
and Street Name, Apt/Unit #, Maiden Name or Other Last Names, Other First Names
City, Province, Postal Code, Date of Birth, Gender, Other Names
Contact phone number, Email address
Address History - please fill out if resident address differs from mailing address and/or resided OUTSIDE of the Region in the past 5 years
Identification - one form MUST be Government issued and include the applicant's name, date of birth, signature and photo of applicant
Reason for Request: (please fill out the following) **please refer to the Government Agency Section if between the ages of 12-22*
Fill out the below ONLY if request is Vulnerable Sector Check:
Check box of Vulnerable Person(s) you will be responsible for the well-being of (can check off more than one (1) if applicable):
The Criminal Record Check will include the following information as it exists on the date of the search:
The Criminal Record and Judicial Matters Check will include all of the above and the following information as it exists on the date of the search:
The Vulnerable Sector Check will include all of the above and the following information as it exists on the date of the search:
CONSENT
1. I hereby authorize the Hanover Police Service to conduct a search based on the names(s), date of birth and declared criminal record history, to obtain the information required to complete the Police Record Check and disclose such information to me. This includes a search of the HANOVER POLICE SERVICE Records Management Systems (RMS), and the Canadian Police Information Centre (CPIC) database, maintained by the RCMP. This search of the CPIC database includes a search of the Identification Data Bank (known as the National Repository of Criminal Records), the Investigative Data Bank and the Police Information Portal (PIP).
2. I hereby release and discharge the HANOVER POLICE SERVICE BOARD and all members and employees of the HANOVER POLICE SERVICE 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 the information to me by the HANOVER POLICE SERVICE. I hereby authorize the HANOVER POLICE SERVICE to inquire into and disclose results of any police records to me including: criminal convictions (summary and indictable); absolute and conditional discharges; and cases of not criminally responsible for reasons of mental disorder; outstanding entries such as charges, judicial orders, probation and prohibition orders and to conduct a local police contact search with any Police Service in Canada.
3. I certify that the information provided by me in this application is true and correct to the best of my knowledge and belief. I have read this consent, understand it, and agree to it in its entirety.
4. For Vulnerable Sector Check applicants that are 18 years of age or older: I hereby consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a records suspension (pardon) for, any sexual offences that are listed in the schedule to the Criminal Records Act. I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a record suspension was granted or issued, I will be requested to provide fingerprints to confirm that record and that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to the above that requested the verification, that information will be disclosed to that person or organization.
5. I understand that the prescribed fee is non-refundable.

Applicant's Signature: _____

Date: ____/____/____
yyyy / mm / dd