

POLICE INFORMATION CHECK

Sunshine Coast Detachment

IDENTIFICATION – one form must be photo ID (OFFICE USE ONLY)

Type of ID Produced:	Number:
Type of ID Produced:	Number:

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:

- Any applicable fee (see website for costs and payment options).
- One piece of photo identification and one piece of identification verifying name and date of birth.
- If you cannot produce photo identification and require a Police Information Check for purpose of employment, you will need to submit fingerprints to confirm your identity.

Your Police Information Check will include all available law enforcement systems, including any local police records.

THIS CHECK WILL NOT INCLUDE:

- Checks of overseas or US systems.
- Traffic Violation Tickets, Motor Vehicle Act Offences or Municipal Bylaw Offences

The results of this check will not be forwarded to a third party
(with the exception of confirmed positive Vulnerable Sector responses)

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAMES
PREVIOUS NAMES (including name changes and maiden name)		GENDER (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH (City & Province):	
ADDRESS (street # and name)	CITY	PROV POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)	

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)

*Check Completed
(office use only)

ADDRESS: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
ADDRESS: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
ADDRESS: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
ADDRESS: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
ADDRESS: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

*If previous addresses were not checked see attached instructions for the applicant

REASON FOR APPLICATION (circle one): Volunteer (attach letter) - Employment - Other (specify below)

NAME OF VOLUNTEER AGENCY OR EMPLOYER: _____

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: YES NO