



Ministry of Public Safety and Solicitor General

Criminal Records Review Program

# Consent to a CRIMINAL RECORD CHECK

**IMPORTANT:** Please read information and instructions on Page 2. Ensure payment is included with form.

Schedule Type\*:  A  B  C  D  E  F

## \* PART 1 – APPLICANT INFORMATION – To be completed by all schedule types.

Last Name: \_\_\_\_\_ Full First: \_\_\_\_\_ Full Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (yyyy/mm/dd) Gender:  Male  Female Birth Place: \_\_\_\_\_ (City, Province/State, Country)

OTHER NAMES USED OR HAVE USED: (e.g., maiden name, birth name, or previous married name)

Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Surname: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ BC Driver Licence # : \_\_\_\_\_

## PART 2 – ORGANIZATION INFORMATION – To be completed by all, except Schedule F.

### Section A

Please complete this section if you have an ID number from Criminal Records Review Program

Organization Name: VCMT  
Company / Ministry / Childcare Resource Referral Program (CRRP) / Health Authority / Governing Body / Education Institution / Office of Independent Schools

ID Number (provided by the Criminal Records Review Office): # 711518

If you are unable to provide an ID Number please complete Section B.

### Section B

Organization Name: \_\_\_\_\_ Name of Subcontractor (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Applicant's Employment Position / Job Title (if applicable): \_\_\_\_\_

Contact / Licensing Officer Name (if applicable): \_\_\_\_\_

Governing Body Licence or Registration # (if applicable): \_\_\_\_\_

## PART 3 – Complete for Schedule D Only

Child Care Facility Name: \_\_\_\_\_

## \* CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS:

I have read and understand the Consent for Release of Information and Acknowledgements on Page 2. I hereby consent to these terms as indicated by my signature below:

Applicant Signature

Parent or Guardian Signature for Applicant Under 19 Years of Age

Date Signed

PSSG08-000 10/2008

Making British Columbia a Safer Place for Children



Ministry of Public Safety and Solicitor General  
Policing and Community Safety Branch  
Security Programs  
Criminal Records Review Program

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