



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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