

## Winnipeg Police Service

### APPLICATION INSTRUCTIONS

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**Fill out the application as best you can and If you have any questions please ask one of our Representatives.**

- 1) **2 pieces** of identification required.
- 2) Complete the application on reverse. Fill out Sections 1 and 2 ensuring 'all' names you have ever used are indicated.
- 3) If dealing with the **Vulnerable Sector**, read the **Consent** in Section 3 and sign and date it.
- 4) **Take a number, have a seat and wait until your number is called by a representative.**



**WINNIPEG POLICE SERVICE  
APPLICATION FOR  
CRIMINAL RECORD SEARCH CERTIFICATE**

DATE RECEIVED

*Mail this completed form, with a photocopy of proper identification and fee (see: Information on Requests and Fees), to:  
Winnipeg Police Service, P.O. Box 1680, Winnipeg, Manitoba R3C 2Z7. Attention: Bureau of Police Records*

**SECTION 1 - Identification of the Applicant** *(When completing this section, please write all names in full - **NO INITIALS**)*

Surname (Last/Family Name) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Male  Female

Other Names Used: (maiden, birth, etc.) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
(YEAR, MONTH, DAY) (PROVINCE OR COUNTRY)

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Identification Provided: \_\_\_\_\_

Signature: \_\_\_\_\_

**SECTION 2 - Nature of Position**

Job Title / Volunteer Position / Course: \_\_\_\_\_

The Name of the Person or Organization is: \_\_\_\_\_

- Employment / Volunteer - Non Vulnerable
- Vulnerable Sector *(employment / volunteer / student / foster parent / adoption / homestay / education / other as stated below)*
- Visa or Immigration Purposes
- U.S. Border Cross / U.S. Employment
- Other: \_\_\_\_\_

**VULNERABLE SECTOR** - Persons under 18 years of age or persons who due to their age, disability or other circumstances, are dependent on others or are at a greater risk of harm than the general population from a person in a position of authority or trust. **If working or volunteering with a vulnerable sector you must sign the consent below.**

**SECTION 3 - Vulnerable Sector Consent**

I 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 pardon for, any of the 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 pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, 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 above that requested the verification, that information will be disclosed to that person or organization.

Signature \_\_\_\_\_

Date \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**SECTION 4 - Office use Only**

Receipt No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Any false or incomplete information may result in rejection of this application.**

**The personal information on this form will be collected and shared for the purposes outlined in Section 36-47 of the Freedom of Information and Protection of Privacy (FIPP) Act and for other legal requirements, where they are consistent with the FIPP Act.**