



LOCAL POLICE RECORDS CHECK FORM
Record Suspension Application
Please print clearly using black ink. Answer all questions.

SECTION A: Personal information

1. What is your full legal name? (Fill in your name and date of birth at the top of page 2.)

Last name: _____ Given name(s): _____

2. Have you ever used another name other than your legal name (e.g. nicknames)?

No Yes If YES, please write the other names below.

Table with 2 columns: Previous last name(s), Previous first and other name(s)

3. What is your gender? MALE FEMALE

4. What is your date of birth (YYYY-MM-DD)?

5. Do you have a driver's licence? No Yes If YES, what is your driver's licence number? Province:

SECTION B: Contact information

6. What is your mailing address?

Apartment/House Number and Street Address City/Town Province Postal Code Country

7. What is your phone number?

8. Where have you lived during the last 5 years? Include your current address. P.O. boxes will not be accepted.

Table with 6 columns: Apartment/House Number and Street Address, City/Town, Province, Country, From (YYYY-MM), To (YYYY-MM) Present

SECTION C: Applicant authorization – Sign and date below.

9. You must write in the name of the police service and then you must sign and date this form.

I hereby authorize (write in name of police service here) _____ to release to the Parole Board of Canada information that it is legal for the police to divulge.

Sign here: ► _____ Date (YYYY-MM-DD): _____ (Applicant's Signature)

10. Ask the Police Service to fill in the other side of this form. Include this form in your application with the front side filled in by you and back side filled in by the Police Service.

Please complete the other side of this form. ►



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APPLICANT INFORMATION – Fill in this information.

Rewrite the full legal name and date of birth of the applicant as provided on the front of this form:

Full legal name: _____

Date of birth (YYYY-MM-DD): _____

SECTION D: FOR POLICE USE ONLY. Do not write in this section.

> Convictions **other than simple possession of cannabis** in addition to those appearing on CPIC

Offence description	Sentence	Place of sentence	Arresting police service	Date of sentence									
				Y	Y	Y	Y	M	M	D	D		

> Conviction(s) **for simple possession of cannabis** in addition to those appearing on CPIC

Offence description	Sentence	Place of sentence	Arresting police service	Date of sentence									
				Y	Y	Y	Y	M	M	D	D		

Can you confirm that the substance was cannabis? No Yes

Offence description	Sentence	Place of sentence	Arresting police service	Date of sentence									
				Y	Y	Y	Y	M	M	D	D		

Can you confirm that the substance was cannabis? No Yes

List all information related to incidents involving police and all charges regardless of disposition including provincial convictions/charges.

Nature of occurrence	Outcome	File number	Date of occurrence										
			Y	Y	Y	Y	M	M	D	D			

Police representative information:

Police service name: _____

Police representative name: _____

Phone number: () _____

Date:

Y	Y	Y	Y	M	M	D	D
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► _____
Signature

Internal Use Only					

Police service
seal or
stamp here