

# Prince George RCMP Detachment

## Police Information Check

Log:  
 Receipt:  
 Received at:

**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 current, government-issued photo identification and one piece of identification verifying name and date of birth.

If you are unable to provide proper identification the police agency cannot complete your check.

**Your Police Information Check will review all available law enforcement systems, including any local police records. This check will NOT include: overseas or US records, traffic tickets, 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, or if a "Duty to Warn" arises).

**PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)**

LAST NAME	FIRST NAME	MIDDLE NAME(S)
PREVIOUS NAMES (including name changes and birth/maiden name)		SEX (circle one) M F X
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:	
ADDRESS (Apartment, 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)

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

**REASON FOR APPLICATION (check appropriate):**  Volunteer (attach letter)  - Employment  Other (specify below)

**Key Contact Name:** \_\_\_\_\_

**Volunteer Agency/Employer Name:** \_\_\_\_\_

**Volunteer Agency/Employer Address and Phone Number:** \_\_\_\_\_

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

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)