Instructions to obtain a Police Records Check/Vulnerable Sector Check

- **Police Records Check** - Complete all highlighted areas of Form "A"

- **Vulnerable Sector Check (MUST BE 18 YEARS OF AGE TO APPLY)** - Complete all highlighted areas of both Form "A" & Form "B" **(required ONLY if working/volunteering with children/seniors/vulnerable persons.)**

The following Required documents must be mailed as a package to the RCMP

✓ Completed Form "A", and Form "B" if Vulnerable Sector is required

  o **Your result will be returned by mail. Please ensure you have your correct return mailing address written in the Current Address section.**

✓ Copy of two valid pieces of Government issued Identification (i.e. driver's license, passport, MCP, birth certificate). One **MUST** be a photo ID. Please note, both ID's **MUST** show your Name and Date of Birth.

✓ Your **Court Check RESULTS** obtained from Provincial Court **(Payment Receipt from Provincial Court is NOT acceptable)** – apply either in person or online at

  https://apps.gov.nl.ca/pc-forms/court/home/SelectRecordCheck/

- PLEASE NOTE:

  WE ARE NOT RESPONSBILBLE FOR RETURNING YOUR COURT CHECK TO YOU.

  IF YOU REQUIRE YOUR COURT CHECK FOR ANY REASON, PLEASE RETAIN A COPY FOR YOUR RECORDS.

** Partially completed forms or packages will not be processed. **

Mail your completed package to:

RCMP Bay Roberts
PO Box 1638
Bay Roberts NL
A0A 1G0

Your Police Records Check/Vulnerable Sector Check will be sent to you by regular mail. Please ensure you have provided your correct mailing address.

QUESTIONS: Call 709-786-2118 extension 3

**Please note that every applicant's circumstances and information is different. The process time in which the results and certificate/letter is ready will vary

FORM "A"

Royal Canadian   Gendarmerie royale
Mounted Police   du Canada

Consent for the Release of Police Information

Applicant Information

Last Name	Given Name 1	Given Name 2

Gender ◯ Male ◯ Female	Date of Birth (yyyy-mm-dd)	Current Address + Mailing address	

City	Province	Postal Code (A9A 9A9)	Telephone Number (include area code)

Place of Birth	Usual First Name or Alias	Maiden Name or any Other Last Name

Name at Birth	Previous Names or Legally Changed Names

Previous Addresses

Provide previous addresses if less than 5 years at current address.

Address	City	Province	Postal Code (A9A 9A9)

Consent

Important - Informed Consent (provided by the individual): As an individual providing informed consent to have these sources of police information reviewed and disclosed, it is important that you understand the nature of the information that may be contained in them. By agreeing to allow your personal information to be disclosed to a prospective employer or organization, you acknowledge that you understand that your suitability could be determined based on the information disclosed. The suitability criteria are established and controlled by the employer or the organization - not the police agency or authorized body conducting the checks. The police agency or authorized body is not involved with, or responsible for, decisions that are made by the employer or organization.

Signature of Applicant

I consent to a search of all records and information available at the time the search is conducted, including non-conviction information, charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository of Criminal Records and local records available to the police service. I understand that if information or a possible record exists, it will not be disclosed until identification has been confirmed by either myself or by fingerprints.

Signature	Date of Consent (yyyy-mm-dd)

Requesting Organization

☐ Record Check results will be picked up in person by the applicant

Identity of the organization that is requesting and should receive the results of the record checks.

Name of Person or Organization	Address

City	Province	Postal Code (A9A 9A9)

Fingerprint

For card scan submissions only.

Waiver for Consent of Release of Information to Third Party

I consent to the release of any and all information from available records to the authorized person of the above indicated Organization/Company/Firm.

Signature	Date (yyyy-mm-dd)	Finger

Type of Record Check Required

To be completed by the applicant (initial type of record check being requested).

Type	Description	Additional Requirements	Initial
Name-Based Criminal Record Check	A query, based on name and date of birth, of active criminal files in the RCMP National Repository of Criminal Records. Used to determine the possible existence of a criminal record. Generally used as a preliminary search only to determine if a Fingerprint-based Criminal Record Check may be required. The query may also include a search of court records and a query of **records management systems in other police agencies' jurisdictions** through the Police Information Portal (PIP) or other data sharing systems.	N/A	
Fingerprint-Based Criminal Record Check	A fingerprint-based search of the RCMP's national repository of fingerprints and criminal record information. The results of the search will produce a document that includes criminal record information where the identity of the applicant has been verified by fingerprints.	N/A	
Vulnerable Sector Check	A Vulnerable Sector Check is the most comprehensive type of check. It includes a query based on name and date of birth of a local police agency's records management system, commonly referred to as a local indices's check, in addition to queries of CPIC Identification, Investigative, and Intelligence Data Banks. The query may also include a search of court records and a query of **records management systems in other police agencies' jurisdictions** through the Police Information Portal (PIP) or other data sharing systems.	☐ Form 3923 completed and attached	
Declaration of Criminal Records	This will result in the RCMP detachment providing a list of all of the criminal convictions and related information that are included on the criminal record on CPIC. This may only be provided by the detachment where the applicant lives.	☐ Form 6359 completed and attached	

Identification Provided

To be completed by the RCMP employee.

Applicant Identification Type 1	Applicant Identification Type 2	RCMP Employee Name	HRMIS Number

Canada

Form "B"

Royal Canadian Gendarmerie royale
Mounted Police du Canada

PIB	CMP PPU 005
PIB	CMP PPU 030

Consent for Check for a Sexual Offence for which a Record Suspension (Pardon) has Been Granted or Issued (Vulnerable Sector Verification)

Reference Number
(to be completed by detachment)

• **This form must be submitted with RCMP form 6388 - Consent for the Release of Police Information.**

• This form is to be completed by an individual applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule of the *Criminal Records Act* and has been pardoned.

• To be used only for organizations inside of Canada.

Identification of the Applicant

Current Legal Surname (required)	Current Legal Given Name (required)

Gender	Date of Birth (required; yyyy-mm-dd)
◯ Male ◯ Female	

Reason for the Consent

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Title of the Paid or Volunteer Position	Name of the Person or Organization

Details regarding the responsibilities towards children or vulnerable persons

Type of Position

◯ Paid Position (~~fee enclosed~~) ~~Processing Fees~~ ◯ Volunteer Position (letter from non-profit organization attached)

Consent

I hereby consent to a search being made in the automated records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted or issued a Record Suspension (Pardon) for, any of the sexual offences that are listed in the schedule of the *Criminal Records Act*.

I understand that if, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule of the *Criminal Records Act* in respect of which a Record Suspension (Pardon) was granted or issued, that record shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety, 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.

Contributing Agency

Signature of Applicant	Date (yyyy-mm-dd)

Fingerprint

For card scan submissions only.

Verification

Name of Verifier

Title	Date Received (yyyy-mm-dd)	Finger

Canada