



CRIMINAL RECORDS REVIEW PROGRAM

Application to request to share the results of a previous criminal record check with the Criminal Records Review Program

Forward a copy of the form to the Criminal Records Review Program by mail, fax or email.

MAIL: Criminal Records Review, Ministry of Justice, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1,

FAX the consent form to: 250-953-0408, or E-Mail the consent form to criminalrecords@gov.bc.ca

APPLICANT INFORMATION

Form fields for Applicant Information: Legal Surname / Last name, Legal Given / First Name, Legal Middle Name, Date of Birth, Gender, Birthplace, Additional Names, Surname / Last Name, Given / First Name, Middle Name, Residential Address, City, Province, Country, Postal Code, Mailing Address, Contact Area Code & Phone No., Driver's Licence #.

ORGANIZATION INFORMATION

Organization that I have already completed a criminal record check for under the Criminal Records Review Program (CRRP):

Form fields for Organization Information (CRRP): Organization Name, ID Number, Office Area Code & Phone No., Mailing Address, City, Province, Country, Postal Code.

Organization that I request to share the results of my previous criminal record with:

Form fields for Organization Information (Request to share): Organization Name, Organization Contact Name or Title, ID Number, Mailing Address, City, Province, Country, Postal Code, Office Area Code & Phone No.

Works With (Select ONE default category of Criminal Record Check to be performed for your organization):

Children or Vulnerable Adults or Children and Vulnerable Adults

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS:

Consent checkboxes: I understand to share the result of a criminal record check, I must have completed a criminal record check within the last 5 years... I confirm I have completed a criminal record check within the past five years... I understand that if the registrar determines I do not have criminal record check to share... I understand that within 5 years of the date of this criminal record check verification authorization...

Applicant Signature

Date Signed YYYY / MM / DD

Freedom of Information and Protection of Privacy Act (FOIPPA): The information requested on this form is collected under the authority of the Criminal Records Review Act section 6.1 and section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA).

Phone: toll-free 1-855-587-0185 (Option 2) Fax: 250-953-0408 Email: criminalrecords@gov.bc.ca

Website: http://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check

Ministry of Public Safety and Solicitor General

Criminal Records Review Program

Policing and Security Programs Branch, Security Programs Division

PO Box 9217 Stn Prov Govt, Victoria BC V8W 9J1