



**ROYAL NEWFOUNDLAND CONSTABULARY**  
**APPLICATION FOR CRIMINAL RECORDS SCREENING CERTIFICATE**



Notice: Persons requiring a Criminal Records Screening Certificate must complete this form and deliver or mail to the Cash Office, Royal Newfoundland Constabulary, 1 Fort Townshend, St. John's, NL, A1C 2G2

**This application must be accompanied by a non refundable \$25.00** cheque or money order made payable to the Newfoundland Exchequer Account. Cash is only accepted at the Cash Office located at the RNC. **All criminal records screening certificates must be picked up within 60 days of completion. Unclaimed certificates will be destroyed.** The Records Office will require a minimum of **ONE WEEK** notice, excluding weekends and holidays, to process the application. The applicant is the only person permitted to pick up this certificate. The applicant must produce 2 pieces of Identification, one of which contains the applicants DOB.

**SECTION 1**

- (a) I hereby request that a search of your records be conducted to determine if there are any criminal convictions or criminal findings of guilt related to me in your records.
- (b) I hereby agree that no liability attaches to the Royal Newfoundland Constabulary in relation to this search. I further agree that the Royal Newfoundland Constabulary is not responsible for any inaccuracies resulting from the search.
- (c) With the exception of SECTION 2 of this application, I understand that any certificate that may issue in relation to the search is issued to me only for my own use. If I reveal the search certificate to any person of body I do so of my own free will. If I reveal the search certificate to any person or body, I agree to hold the Royal Newfoundland Constabulary harmless for any use that person or body makes of the information.
- (d) The disclosure of any information resulting from this search is my responsibility.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Surname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Name (Proper birth names required): \_\_\_\_\_  
First Second Third

Current Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/Town of Birth: \_\_\_\_\_  
Year Month Day

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Colour: \_\_\_\_\_

**If you answer "yes" to any of the following question, please attach details.**

1. Have you been convicted of any offence in Canada or the United States?  
 YES  NO  If yes, Details: \_\_\_\_\_
2. Have you ever changed your name?  
 YES  NO  Previous Name: \_\_\_\_\_  
First Second Last
3. Have you ever been prohibited by any court from possessing any firearm, ammunition, or explosive substance?  
 YES  NO  If yes, Details: \_\_\_\_\_

Searches will only be completed for the following purposes: Please check the purpose(s) that apply to your request.

- Required by statute or regulation: Statute: \_\_\_\_\_  
Regulation: \_\_\_\_\_
- Required for foreign work or travel
- Required by agency or group dealing with children, elderly, physically, or mentally challenged persons & volunteers. (complete Section 2)**
- Required for adoption **(complete Section 2)**
- Required for licence: Licence Type: \_\_\_\_\_
- Required for education institution: Education Institution: \_\_\_\_\_
- Required for employment
- Required for Pardon
- Other \_\_\_\_\_

If you are a young person (under 18 years), you agree that you are making this application for disclosure of any record you may have pursuant to the YOUNG OFFENDERS ACT. Should you be denied a search certificate, you may, in writing, request a Criminal Record Screening Certificate Record Endorsement from Provincial Court. This Certificate will be subject to the same terms and conditions set out previously in this application.

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## SECTION 2

**This Section is to be only completed by those who will be dealing with children, elderly, physically or mentally challenged persons.**

Name of Agency or Group: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position applying for: \_\_\_\_\_

In making this application for a Criminal Record Screening Certificate, I agree to allow the Royal Newfoundland Constabulary to:

- (a) extend the search to include current investigations and present and or pending charges;
- (b) notify the institution or agency of any inability to obtain a Criminal Record Screening Certificate; and
- (c) notify the agency or group representative of any present or pending charges against me.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please attach authorization letter for volunteer applications.

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### Office Use Only

CPIC Check: \_\_\_\_\_ Court Check: \_\_\_\_\_ PIRS Check: \_\_\_\_\_ Other Check: \_\_\_\_\_

ICAN Check: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Signature Records Staff: \_\_\_\_\_ Date: \_\_\_\_\_