

## Card Scan Application Form

Applicant's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name (s) \_\_\_\_\_

Maiden Name / Other Names (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Country \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth (yyyy/mm/dd) \_\_\_\_\_ Sex/Gender \_\_\_\_\_

Hair Colour \_\_\_\_\_ Eye Colour \_\_\_\_\_

Height (cm) \_\_\_\_\_ Weight (kg) \_\_\_\_\_

Full Name of person fingerprinting you \_\_\_\_\_

Criminal Check needed for \_\_\_\_\_

- I request the RCMP to send the original certified criminal record check to the address above by regular mail.
- I request the RCMP to send the original certified criminal record check to a 3<sup>rd</sup> party listed below (3<sup>rd</sup> party consent form required) by regular mail.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_