

Application Request Form

Personal Details

NAME _____
Last First Middle

ADDRESS _____
Apt No. Street City Prov Postal Code

TELEPHONE _____ EMAIL _____

DATE OF BIRTH ____ / ____ / ____
Year Month Day

GENDER Male Female

Application Type

✓	Reason for Request	Amount (+HST)	RCMP Fee
<input type="checkbox"/>	Permanent Residency <input type="checkbox"/> RCMP <input type="checkbox"/> FBI FD-258 Card (<i>United States Criminal Check</i>) <input type="checkbox"/> RCMP C-216 (<i>Criminal Check in countries outside Canada and USA</i>) Immigration File No.: _____ UCI/Client ID No.: _____	50	N/A
<input type="checkbox"/>	Canadian Citizenship <input type="checkbox"/> RCMP <input type="checkbox"/> FBI FD-258 Card (<i>United States Criminal Check</i>) <input type="checkbox"/> RCMP C-216 (<i>Criminal Check in countries outside Canada and USA</i>) Immigration File No.: _____ UCI/Client ID No.: _____	50	N/A
<input type="checkbox"/>	Privacy Act (<i>Immigration to USA</i>)	50	N/A
<input type="checkbox"/>	Employment (Federal Government) Occupation: _____ Employer: _____	50	N/A
<input type="checkbox"/>	Employment (Private Government) Occupation: _____ Employer: _____	50	+25
<input type="checkbox"/>	Employment (Provincial Government) Occupation: _____ Employer: _____	50	+25
<input type="checkbox"/>	Visa / Waiver / Border Crossing / Foreign Travel & Work	50	+25
<input type="checkbox"/>	Record Suspension (Pardon)	50	+25
<input type="checkbox"/>	Adoption	50	+25
<input type="checkbox"/>	Name Change (Province: _____)	50	+25
<input type="checkbox"/>	Volunteer (<i>Volunteer letter required</i>)	50	N/A
<input type="checkbox"/>	Vulnerable Sector Check (<i>Police letter required</i>)	50	+25
<input type="checkbox"/>	Other:	50	+25

Send the results to (choose only one option):

<input type="checkbox"/>	Applicant (<i>Same address as above</i>)
<input type="checkbox"/>	Contributor (Canada Immigration Consulting Ltd.) – Please complete the reverse side of this form
<input type="checkbox"/>	Third Party (<i>e.g. family, friend, lawyer, office, etc.</i>) – Please complete the reverse side of this form

The Commissioner, RCMP
 1200 Vanier Parkway
 Ottawa, Ontario
 K1A 0R2
 Attn: Information & Identification Civil Section

Authorization for RCMP to disclose the results of Criminal Record Check

I, _____, hereby give consent to the Royal Canadian Mounted Police to disclose the results of a search of my fingerprints against the national repository of criminal records in Canada to:

<input type="checkbox"/>	Canada Immigration Consulting Ltd. 2050 Sheppard Avenue East, Unit 203 North York, ON M2J 5B3
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<input type="checkbox"/>	PQ80800
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<input type="checkbox"/> IRCC Vancouver 200-877 Expo Blvd. Vancouver, BC V6B 8P8	<input type="checkbox"/> Citizenship Program (Grants) Case Processing Centre – Sydney P.O. Box 12000 Sydney, Nova Scotia B1P 7C2
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<input type="checkbox"/> 300 – 2 Robert Speck Parkway Mississauga, Ontario L4Z 1H8	<input type="checkbox"/> Innovation Hub Vancouver – FCPU 1148 Hornby Street Vancouver, British Columbia V6Z 2C3
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<input type="checkbox"/> Health Canada AL: 0300A Ottawa, Ontario K1A 0K9	<input type="checkbox"/> Pardons Canada 45 St. Clair Avenue West, Suite 901 Toronto, Ontario M4V 1K9
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<input type="checkbox"/>	Name:	
	Address:	
	City:	
	Prov/State:	
	Postal/Zip:	
	Country:	

I have read the Biometric Consent notice on the fingerprint capture device and have provided an impression of one of my fingers as proof that I have read and signed this agreement.

Note: Refusal to consent to disclosure of this information to the above person or company will not have any negative consequences on my request.

Signature

Date