



APPLICATION FOR

CRIMINAL RECORDS SCREENING CERTIFICATE

Please complete this form and submit with a **\$20.00 fee** (non-refundable) to the **RNC Cash Office**, at 1 Fort Townsend off Parade Street. **Interac** is available for your convenience.

Cash Office is open from 9:00 - 4:30 weekdays. Summer hours are 9:00 – 4:00 weekdays.

There is an **“after- hours drop off box”** available for completed applications with applicable payment (Cheques are preferable - as we will not be responsible/liable for any cash lost from this drop-off box). Applications can also be mailed, **only if they are accompanied by a non-refundable \$20.00 cheque or money order** made payable to **“Newfoundland Exchequer Account”**, and mailed to RNC Cash Office, 1 Fort Townsend, St. John’s, NL, A1C 2G2. Please do not send cash in the mail.

Processing will take a minimum of ONE WEEK, excluding weekends and holidays.

The **applicant is the only person permitted to pick up this certificate**. The applicant must produce two (2) pieces of Identification, one of which contains the applicant’s Date of Birth.

All criminal records screening certificates must be picked up within 60 days of completion, unclaimed certificates will be destroyed.

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 be issued in relation to the search is issued to me only for my own use. If I reveal the search certificate to any person or 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.

Last Name: _____ **Maiden Name:** _____

Name (Proper birth names required) _____
First Second Third

Home Phone# _____ **Work Phone #** _____

Date of Birth: _____ **City/Town and Province of Birth:** _____
Year Month Day

Current Street Address: _____ **City/Town:** _____

Province: _____ **Postal Code:** _____

Gender: _____ **Height:** _____ **Weight:** _____ **Eye Colour:** _____

APPLICANT’S SIGNATURE: _____ **DATE:** _____

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: _____

