



Manitoba Law Enforcement

Criminal Record Check Application

Please PRINT CLEARLY:

1) Surname	2) First Name	3) Maiden Name (indicate none if n/a)
4) Middle Name(s)		5) Gender M F
6) Current Address		7) Postal Code
8) *Identification (or) <input type="checkbox"/> Passport <input type="checkbox"/> Indian Status Card <input type="checkbox"/> Manitoba Health	9) *Manitoba Driver's License: D/L: _____	10) Date of Birth: _____ / _____ / _____ yyyy mm dd
*Identification must be confirmed by a Manitoba COPP representative or Local Law Enforcement Officer		
Representative (print clearly): _____ Signature: _____		

I hereby authorize the local law enforcement agency to examine its records and all other records to which it has access (the "Records") for the sole purpose of determining whether my criminal record is such that the local law enforcement agency approves of my membership in the Manitoba Citizens on Patrol Program.

I further authorize the local law enforcement agency to access the Records at subsequent two year intervals, for the sole purpose of determining whether my criminal record is such that the local law enforcement agency approves of my ongoing membership in the Manitoba Citizens on Patrol Program.

Notwithstanding the foregoing, the local law enforcement agency shall not release or disclose my Records or any information contained within them, to any other person, unless otherwise authorized to do so by law.

Date	Signature
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(For Police Use Only) Approved by: _____ Date: _____	<input type="checkbox"/> C.P.I.C. <input type="checkbox"/> Pros <input type="checkbox"/> Niche <input type="checkbox"/> Other
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