Current Sumame (Last Name) Previous Sumame(s) or Maiden Name(s) – List All			FirstName	FirstName		Second Name (Middle Name) - List All		
			Place of Birth (If other than Canada, please also note date of entry to Canada)					
Date of Birth (YY-MM-DD) Sex		Phone #		Driver's Lice	Driver's Licence Number (required for driver record requests			
Current Addre	ess							
lumber	Street		Apt/Unit	City		Province	Postal Code	
Previous Add	Iress							
Number	Street		Apt/Unit	City		Province	Postal Code	
Have you eve Canada?	er been convicted of a criminal c	ffence for which a Pardon has not been issued in	YES	NO If y	es, please complete and	d attach the De	claration of Criminal Record for	
	BY CONSENT TO THE SEAR	CH OF (check all that apply):						
IHERE	Education/Profe Terrorism Check -AND/OR- BY CONSENT TO A CRIMINA	erer.ces/Verifications ssional Verifications L RECORD SEARCH (Adult) THROUGH (check all		e eene (e) dete of biel			nos Costine 0 6 4 of the	
	CCRTIS Dissem	Repository of Criminal Records which will be conducte ination policy)	a based on th	e name(s), date of birtr	n and declared crimin	ial record (as	per Section 9.6.4 of the	
-AND- Local Police Records which includes Police Information Portal (PIP) Firearms Interest Person (FIP) and Niche RMS								
	* Authorization I certify that the in and its partners, a legislation.	to Release Clearance Report or Any Police Information I have supplied is correct and true to the best of nd to the Organization Requesting Search named below a	ation my knowledge and its designat	. I consent to the releas ted agents and/or partne	e of a Criminal Record rs. All data is subject t	o provincial, s	tate, and federal privacy	
	actions, claims an	d search will be performed by a police service. I hereby re d demands for damages, loss or injury howsoever arising SB Canada and its partners.						
		ge all agents from any claims, actions, demands for nited the Credit Bureau or Department of Motor Vehick					re of information by any of th	
	•	e records named above may be transmitted electronic I acknowledge full understanding of the content on thi	•		d to the country from	where the s	earch was requested, as	
		EPTABLE ID ATTACHED not using eID verifier)		ELECTRONIC	DENTIFICATIO		FICATION USED	
Applicants Signature - (mandatory if not using eID verifier) by signing this form you agree and consent to the terms and release of information listed on this consent form. *			- a	By checking this box, you are giving your digital signature and certify that you agree and consent to the terms and release of information listed on this consent form. *				
Company Name requesting search (mandatory)			Company Name requesting search (mandatory)					

elD Transaction Number (ISB use only)

By affixing the ISB s ISB Canada certifies has passed electror

By affixing the ISB stamp and providing the transaction number, ISB Canada certifies that the person named in the above header has passed electronic verification process with Equifax Canada.

Location (Country) of Company Requesting Search (mandatory)

Location (Country) of Company Requesting Search (mandatory) ISB Canada 8160 Parkhill Drive Milton, ON L9T 5V7 1-800-609-6552 Fax 1-866-246-8883

Company Representative Signature - I verify that I have viewed the Applicant's two pieces of ID (attached) and verified the signature. (mandatory if not using eID verifier)

Company rep witnessing applicant ID and signature (mandatory if not using eID verifier)