



Personal information contained on this form is collected pursuant to the *Police Services Act*, s.41 and federal and provincial privacy legislation and is collected for the purpose of processing this police record check. Information related to this check shall be retained for two years. Questions concerning this collection should be directed to your local OPP detachment.

This form must be complete in order to receive a copy of the Adult Criminal Convictions & Associated Information from the National Repository of Criminal Records. A Certified Criminal Record can only be issued by the Canadian Criminal Real Time Identification Services based on the submission of fingerprints to the Royal Canadian Mounted Police National Repository of Criminal Records.

This form must be used in conjunction with form LE219 – Criminal Record Check/Police Record Check or LE220 – Vulnerable Sector Check.

Declaration of Criminal Record

- Does not constitute a Certified Criminal Record by the Royal Canadian Mounted Police
- May not contain all criminal record convictions

Do not declare

- Absolute Discharges or Conditional Discharges, pursuant to the Criminal Code, section 730
- Any charges for which you have received a Pardon, pursuant to the *Criminal Records Act*
- Any offences while you were a “Young Person” (twelve years old but less than eighteen years old), pursuant to the *Youth Criminal Justice Act*
- Any charges for which you were not convicted, for example, charges that were withdrawn, dismissed, etc...
- Any Provincial or Municipal offences
- Any charges dealt with outside of Canada

Applicant information

| | | | | | |
|---|------------------|-----------|---|---|--------------------------------|
| Last Name, First Name, and Middle Names | | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Maiden Name or other Last Names used | | | Name commonly used or other First Names | | |
| Street Number and Name or Lot, Conc. And Township | | Apt. No. | City, Town or Village | | Province/State Postal/ZIP Code |
| Date of Birth (YYYY/MM/DD) | Country of Birth | Telephone | | E-mail address | |

Details on all convictions (if more space is needed, please attach additional pages as required)

| | | | | | |
|---------|-------------------------------|----------------------|--|--|--|
| Offence | | Disposition/Sentence | | | |
| Date | Location of Court (city/town) | | | | |
| Offence | | Disposition/Sentence | | | |
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| Date | Location of Court (city/town) | | | | |

I hereby certify that the information that I have provided above is, to the best of my knowledge, true, accurate and complete.

| | | |
|-------------------------------|--------------------------|--|
| Signature of Applicant | Date (yyyy/mm/dd) | Total number of pages of |
|-------------------------------|--------------------------|--|