

### Instructions for Clients Living Outside of Canada

1. 1 x color copy of 2 x pieces of government issued identification certified as true copies by the police, government agent, Canadian Consulate or notary public\lawyer. One piece of ID must have a clearly visible picture of the applicant on it.
2. The Third party consent form must have the applicants' biographical information completed, their right thumb print in the designated box, along with the signature of the applicant and the name and address of who is to receive the results. Please include your e-mail address if you want a confirmation receipt when the RCMP has completed your fingerprint search.
3. The C-216C fingerprint form must be completed by the police and stamped with the police department's official stamp. The applicant's signature and the police officers' name and signature must appear in the designated areas on the form. The C-216-C must be printed on 8.5x11 inch paper.
4. Complete the PFSI Credit Card Authorization form for \$86.60 unless otherwise directed.
5. Forward all the completed documents to Pacific Fingerprint Services Inc. along with the prescribed method of payment.

**\* Incomplete documentation will delay the processing of the application so please ensure these instructions are followed precisely.**



3<sup>RD</sup> PARTY WAIVER HARDCOPY PRINTOUT – CARDSCAN

Consent to Release Personal Information (Third Party)

I, \_\_\_\_\_ Full name of applicant

born, \_\_\_\_\_, \_\_\_\_\_ require criminal record verification in order to obtain
Month, day Year

a \_\_\_\_\_ Job (specify type), visa, border crossing card, etc...

I hereby authorize the Royal Canadian Mounted Police central repository of criminal records to release my Criminal Record Search Results to the following party:

Name of individual / agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov: \_\_\_\_\_

Postal/Country: \_\_\_\_\_

I understand that I have the right to receive these results directly from the RCMP and that the assistance of a 3<sup>rd</sup> party is not necessary to obtain these results.

I have read and signed the Informed Consent document and understand my rights with regard to obtaining criminal record information.

Applicant Signature

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Applicants Information

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Colour: \_\_\_\_\_ Eye Colour: \_\_\_\_\_

Race: \_\_\_\_\_



Applicant's Fingerprint

Digit Printed (Please "X")

Table with columns for Right and Left hands, and rows for Thumb, Index, Middle, Ring, Little fingers.

# FOR IDENTIFICATION PURPOSES ONLY - AUX FINS DE L'IDENTIFICATION SEULEMENT

Do not write in shaded areas.  
Forward completed form to:

Ne pas écrire dans les zones ombrées.  
Transmettre la formule dûment remplie  
à l'adresse suivante:  
Le commissaire de la G.R.C.  
À l'att. de la Direction du service de  
l'identité judiciaire, Section des affaires civiles  
C.P. 8885  
Ottawa(Ontario)  
K1G 3M8

AFIS-S.A.I.D.

Bar Code - Barre-code

Commissioner, RCMP  
Attention: Identification Services  
Directorate, Civil Section  
PO Box 8885  
Ottawa, Ontario  
K1G 3M8

RIGHT  
DROIT

LEFT  
GAUCHE

Thumb-Pouce	Index	Middle-Médium	Ring-Annulaire	Little-Auriculaire

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IF ANY FINGERPRINT IS NOT RECORDED, GIVE REASON - IF AMPUTATED, DEFORMED OR INJURED, GIVE DATE  
S'IL MANQUE UNE EMPREINTE, DIRE POURQUOI - EN CAS D'AMPUTATION, DE DÉFORMATION OU DE BLESSURE, DONNER LA DATE

FOUR FINGERS TAKEN TOGETHER-IMPRESSON SIMULTANÉE DES QUATRE DOIGTS

LEFT THUMB-POUCE GAUCHE      RIGHT THUMB-POUCE DROIT

Signature of Person Fingerprinted Signature de la personne dactyloscopiée	Signature of Official Taking Fingerprints Signature du préposé aux empreintes	Date Y-A    M    D-J
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Surname(include former names, maiden name, etc.)-Nom de famille(y compris noms utilisés précédemment, nom de jeune fille, etc.)

Given Names-Prénoms	DOB-D.D.N. Y-A    M    D-J	Sex-Sexe <input type="checkbox"/> M <input type="checkbox"/> F	Telephone No.-N <sup>o</sup> de téléphone
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Address-Adresse	Postal Code-Code postal
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REASON FOR APPLICATION(VISA, ADOPTION, ETC.) RAISON DE LA DEMANDE(VISA, ADOPTION, ETC.)	Level of Clearance Required-Niveau d'habilitation sécuritaire requis
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Name & Address of Fingerprinting Dept. or Agency Nom et adresse du service ou de l'organisme prenant les empreintes	Name & Address of Contributing Agency/Dept Nom et adresse du service ou de l'organisme contributeur
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**At least one of the following pieces primary pieces of identification must be provided, along with a secondary I.D. that includes a signature**

**Acceptable Photo Identification**

*Driver's Licence (issued by Canadian province or territory)*

*Foreign Driver's Licence*

*Canadian Passport*

*Foreign Passport*

*Canadian Citizenship Card*

*Permanent Resident (PR) Card*

*Certificate of Indian Status*

*Student Identity Card from a foreign institute*

*Firearms Acquisition Certificate (FAC)*

*Canadian National Institute of the Blind (CNIB) Identification Card*

*Federal, Provincial or Municipal Identification Card*

*Military Family Identification Card (MFID)*

**Note: Health Cards (issued by Canadian Province or territory) and Social Insurance Number (SIN) are not acceptable as a primary piece of identification but may be submitted as a secondary piece of identification.**



## Authorized Credit Card Usage Form for Pacific Fingerprint Services Inc.

### CREDIT CARD PAYMENTS:



- At this time we accept VISA or MasterCard  
**There are no refunds given.**
- Mail, fax or e-mail this form to PFSI.

### PART 1: INDIVIDUAL INFORMATION

LEGAL NAME: (Surname) \_\_\_\_\_

(Given) \_\_\_\_\_ (Middle) \_\_\_\_\_

### PART 2: AUTHORIZATION

I authorize the use of the following credit card to cover Pacific Fingerprint Services Inc. fees as follows:

TYPE OF CARD: VISA  MasterCard

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: (month) \_\_\_\_\_ / (year) \_\_\_\_\_ CARDHOLDER'S NAME (exactly as shown on card):

\_\_\_\_\_

I hereby authorize the following amount to be applied against this credit card \$ \_\_\_\_\_.

Signature of Cardholder: \_\_\_\_\_

Date Signed: \_\_\_\_\_ CARDHOLDER'S PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_