



APPLICATION FOR A CRIMINAL RECORD CHECK

Act regarding remunerated passenger transportation by automobile (T-11.2)

REFERENCE NUMBER

PROCEDURE

1. Complete sections 1, 2 and 4 of the "Application for a criminal record check" form;
2. Print the "Request for a criminal record check" form.
 - Sign and date Section 5. The signature **must be handwritten**;
 - Complete Section 6 "Payment (Credit card)". The fees charged for processing your request are **\$80.25**;
3. Scan two (2) valid government-issued IDs with photo, date of birth and signature.
For example: health insurance card, passport, driver's license, citizenship card;
Scanned copies should be in color and easily legible.
4. Send your request by email: verification.saaq@spvm.qc.ca
Important : your email must include :
 - Your completed, signed, legible and scanned "Request for a criminal record check" form.
 - The two (2) identity documents scanned in color and easily readable.

The result of the criminal record check will be mailed to you at the address provided in section 1 of your application.

For any questions, please contact us at 514 280-0002 or at protocoles.entente@spvm.qc.ca

SECTION 1 – CANDIDATE IDENTIFICATION

LAST NAME (COMPLETE LAST NAME, NO INITIALS)		BIRTH NAME (IF DIFFERENT)		
FIRST NAME(S)				
SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (yyyy-mm-dd)	PLACE OF BIRTH (CITY / COUNTRY)		
ACTUAL ADDRESS (CIVIC NUMBER)	APARTMENT	STREET	CITY	POSTAL CODE
PROVINCE (STATE)	TELEPHONE (HOME)	TELEPHONE (WORK)	EMAIL ADDRESS	

SECTION 2 – PREVIOUS ADDRESSES (LAST 5 YEARS)

CIVIC NUMBER	STREET	CITY	FROM (yyyy-mm)	TO (yyyy-mm)

SECTION 3 – CANDIDATE IDENTITY VERIFICATION (TO BE COMPLETED BY AN AUTHORIZED SPVM REPRESENTATIVE)

I ATTEST I HAVE VERIFIED THE IDENTITY OF THE CANDIDATE USING AT LEAST TWO OF THE FOLLOWING DOCUMENTS.

DRIVER'S LICENSE
 OTHER ID (SPECIFY)
SIGNATURE OF REPRESENTATIVE

SECTION 4 – DECLARATION OF THE APPLICANT'S JUDICIAL RECORD

Have you been charged or found guilty of a criminal offence?

YES NO If yes, report the offense :

SECTION 5 – CONSENT OF THE PERSON WHO IS THE SUBJECT OF A POLICE CHECK

I, the undersigned, as :

- Director or main shareholder of an authorized transport system
- Holder of an authorized automobile
- Authorized driver

Authorizes the Service de police de la Ville de Montréal to verify all information that may reveal a criminal record related to the required skills and appropriate behavior of an automobile driver to offer passenger transportation, that is a conviction, an effective court order or an indictment, unless a pardon has been obtained:

1° in the five years preceding the application, for a criminal offense committed with a road vehicle and provided for in any of sections 220, 221, 236, 320.13, 320.14, 320.15, 320.16, 320.17 et 320.18 of the Criminal Code (L.R.C. 1985, c. C-46);

2° in the five years preceding the request, for an offense under any of sections 5 to 7 of the Controlled Drugs and Substances Act (S.C. 1996, c. 19) or any of sections 9, 10, 11 et 14 of the Cannabis Act (S.C. 2018, c. 16);

3° for a criminal offense other than an offense referred to in paragraphs 1° et 2° which, in the opinion of the Société, is related to those skills and conduct.

To do this, I consent to the Service de police de la Ville de Montréal carrying out these checks in all files and databases accessible to it.

I also authorize the Service de police de la Ville de Montréal to verify or use the information collected about me and to communicate it, if necessary, to any person, public or private organization or any Canadian police force whose assistance may be necessary to validate or complete them. In the same, I authorize any person, any public or private organization or any other Canadian police force to communicate to the Service de police de la Ville de Montréal any personal information concerning me that they deem useful to transmit to complete the requested verification.

Finally, I understand that only a search carried out using my fingerprints can establish my identity accurately.

CANDIDATE'S SIGNATURE	DATE (yyyy-mm-dd)
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SECTION 6 – PAIEMENT (Carte de crédit)

I, _____, authorize the City of Montreal to collect on my credit card the amount of \$80,25 required for my application for a criminal record check in accordance with sections 10 and 11 of the *Act respecting remunerated passenger transportation by automobile (CQLR, c. T-11.2)*

Name on credit card : _____

- Visa
- Master Card

_____	_____ / _____	_____
Credit card number	Expiration date	security code (back of the card)
_____	_____	
Signature of the credit card holder	Date (aa-mm-dd)	

