



# APPLICATION FOR COPIES OF AN ATTESTANT DOCUMENT BACKGROUND OR PREVENTION CHECKS

SECTION 1 – IDENTIFICATION OF THE APPLICANT (If this request is made by the person who has been the subject of a police check, proceed immediately to section 2)						
APPLICANT'S NAME(S)			APPLICANT'S FIRST NAME(S)			
CIVIC NUMBER	<input type="checkbox"/> AVENUE	<input type="checkbox"/> STREET	<input type="checkbox"/> BOULEVARD	APARTMENT	CITY	POSTAL CODE
PHONE NUMBER (HOME)		PHONE NUMBER (WORK)		CELLPHONE NUMBER		

SECTION 2 – IDENTIFICATION OF THE CANDIDATE WHO HAS BEEN THE SUBJECT OF A POLICE CHECK (BACKGROUND OR IMPEDIMENTS)						
SEX <input type="checkbox"/> M <input type="checkbox"/> F	CANDIDATE'S LAST NAME			CANDIDATE'S FIRST NAME(S)		
CIVIC NUMBER	<input type="checkbox"/> AVENUE	<input type="checkbox"/> STREET	<input type="checkbox"/> BOULEVARD	APARTMENT	CITY	POSTAL CODE
BIRTH DATE (yyyy-mm-dd)	PHONE NUMBER (HOME)		PHONE NUMBER (WORK)		CELLPHONE NUMBER	

IF SPACE IS INSUFFICIENT, ATTACH A SEPARATE SHEET.

SECTION 3 – CONSENT	
<p>I, the undersigned, consent that the most recent result of the background or impediment check concerning me, or any other document requested in connection with this check, may be communicated by the Module de vérification des antécédents of the Service de police de la Ville de Montréal to the employer identified above in section 1.</p>	
SIGNATURE OF CANDIDATE WHO HAS BEEN THE SUBJECT OF A POLICE CHECK	DATE (yyyy-mm-dd)

SECTION 4 – IDENTIFICATION OF THE REQUESTED DOCUMENT	
<input type="checkbox"/> MOST RECENT VERIFICATION REQUEST (INCLUDING THE CONSENT FORM) <input type="checkbox"/> MOST RECENT POLICE CHECK RESULT HELD BY THE SPVM	
APPLICATION NUMBER	REFERENCE NUMBER
NAME OF APPLICANT (DAYCARE – SCHOOL – OTHERS) INITIAL	<input type="checkbox"/> NUMBER OF COPIES : _____ <input type="checkbox"/> OTHERS, SPECIFY : _____

SECTION 5 – VERIFICATION OF THE APPLICANT'S IDENTITY (PLEASE WRITE NUMBER OF VERIFIED ID)
<b>I CERTIFY THAT I HAVE VERIFIED THE IDENTITY OF THE CANDIDATE USING THE FOLLOWING DOCUMENTS (AT LEAST TWO), INCLUDING ONE, WITH PHOTO:</b>
<input type="checkbox"/> DRIVER'S LICENSE: _____ <input type="checkbox"/> HEALTH INSURANCE CARD: _____ <input type="checkbox"/> OTHERS: _____

FIRST AND LAST NAME OF THE PERSON WHO VERIFIED THE CANDIDATE'S IDENTITY	PHONE NUMBER
SIGNATURE OF THE PERSON WHO VERIFIED THE CANDIDATE'S IDENTITY	DATE (yyyy-mm-dd)

MASCULINE IS ONLY USED FOR CONCISENESS.

# **INSTRUCTIONS**

Anyone has the right to access a document from the Service de police de la Ville de Montréal (SPVM), subject to the restrictions listed below.

The application must be specific enough so that the desired document can be located. Using the form on the front, please fill the boxes to find the documents you are looking for. You must specify the nature or subject of the requested document. In addition, it may be difficult, if not impossible, to respond if the request is to provide all of our documentation covering a particular topic. Nor can the SPVM be asked to carry out research on a subject or prepare a report.

The requested document must already exist. The SPVM will not be able to respond to a request if it involves the creation of another document by comparing or developing calculations, tables or data.

## **Fees**

Fees are payable for the reproduction of the documents for which you wish to obtain a copy. A check payable to the City of Montreal must be attached to the application.

The processing time is a maximum of 30 days following receipt of your request.

## **Restrictions on the right of access**

If a document contains personal information, the SPVM could refuse to disclose it or decide to remove this information from the document.

The SPVM must refuse to communicate a document or to confirm its existence if it contains information that could, for example, hinder the conduct of an investigation, reveal investigation methods, jeopardize the safety of a person or cause harm to a person who has provided the information or who is subject of it.

## **Personal information**

Personal information is that which relates to a natural person and allows him to be identified (for example: age, sex, skin and hair color, curriculum vitae, etc.).

This information is confidential except in certain cases provided for by law. Their disclosure can therefore only be authorized by the person to whom they relate. It is one of the roles of the person in charge of access to documents of public bodies to protect them.

In all cases, attach a copy of a government-issued identity document (for example: health insurance card, passport, driver's license) bearing your signature.