



MAINLANDS 1 & 2 CIVIC ASSOCIATION INC.

4301 Mainland Drive
Tamarac, FL 33319

☎ 954•731•3227 ☎ 954•731•3267

Email: office@mymainlands1-2.org

www.mymainlands1-2.org



ADDITIONAL OCCUPANT APPLICATION - CANADIAN BACKGROUND SCREENING AUTHORIZATION FORM

A. Occupant Information					
Surname (last name):		Given names(s):			
Surname (last name) at birth:		Former name(s):			
Place of birth (City, Province/State, Country):					
Date of birth (YYYY-MM-DD):		Sex (check one)		<input type="checkbox"/> F	<input type="checkbox"/> M
Phone number(s):		Email address:			
Surname (last name):		Given names(s):			
Surname (last name) at birth:		Former name(s):			
Place of birth (City, Province/State, Country):					
Current Home Address					
Number	Street	Apt.	City	Province/Territory/State	Postal Code/Zip
Previous Addresses within the last 5 years (attach additional page if necessary)					
Number	Street	Apt.	City	Province/Territory/State	Postal Code/Zip
Number	Street	Apt.	City	Province/Territory/State	Postal Code/Zip
B. Reason for the Criminal Record Verification					
Reason for Request (example: Employment – Employer – Job Title): Employee, Tenant Screening					
Organization Requesting Search: AccuData					
Contact Name: Catalina Abello			Contact Phone Number:		
C. Informed Consent					
SEARCH AUTHORIZATION – I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison, which is the only true means, by which to confirm if a criminal record exists in the National Repository of Criminal Records.					
POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Police Information Check, which will consist of a search of the following systems (check applicable): <input checked="" type="checkbox"/> CPIC investigative Data Bank					
AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.					
I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to <u>AccuData and its agents</u> , located in <u>Florida, USA</u>					
<small>Company Name</small>		<small>City and Country</small>			
I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the <u>Brockville/Cobourg/Owen Sound/New Westminster/West Vancouver/Treaty Three/Annapolis Royal to AccuData and its agents</u> <u>Florida, USA</u>					
<small>Name of Processing Police Service</small>			<small>Company Name</small>		<small>City and Country</small>
Signature of Applicant	Year	Month	Day	Signed at: City	Province/Territory
D. Identification Verification					
<input checked="" type="checkbox"/> Physical Identity Verification			<input type="checkbox"/> Electronic Identity Verification		
Witnessing Agent's Name:			Identification Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Witnessing Agent's Signature:			Type of Photo ID Viewed (Government Issued) & Secondary ID		
Office Use Only					
Applicant Background Screened:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Background Check Requested:	Financial and Criminal	<input type="checkbox"/>
Applicant Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Criminal Only	<input type="checkbox"/>