



## FINGERPRINTING SERVICE FOR CANADIANS ABROAD

### Instructions for International Clients

1. Have your local Police service or accredited fingerprinting agency take your fingerprints on the **C-216C Fingerprint Form or FBI Fingerprint Card FD-258 (two sets)**. It is important that the fingerprint form (**C-216C**) be printed on 8.5 inch wide by 14 inch long page (216 x 356 mm) - **(Legal Size Paper)**.
2. The agency taking your fingerprints must place their official stamp in the area designated "Fingerprinting Agency/Department" and the official taking your fingerprints should print and sign their name in the area designated "Signature of Official taking fingerprints".
3. Complete the Results Disclosure Consent form including the applicant's name and date of birth. The Results Disclosure Consent form must have the applicant's Right Thumb print in the designated box along with the signature of the applicant and the name and address of the person or organization who is to receive the results.
4. Include a passport size photo with your name, date of the photo and your date of birth written on the back of the photo.
5. Include a copy of two pieces of government issued identification (front and back) **certified** as a true copy by the police, notary public lawyer or Canadian Consulate. One piece of ID must have a clearly visible picture of the applicant on it.
6. Payment may be made by Visa or MasterCard. You may phone or complete the Canadian Forensics Inc Credit Card Authorization form.
7. Please send completed documentation to our office location in Toronto by mail / courier:

**Canadian Forensics Inc.  
1370 Don Mills Rd #210,  
North York, ON M3B 3N7**

### Receiving your RCMP Certified Criminal Record Check (CCRC)

Total Cost of Certified Criminal Record Check: **\$150.00** + applicable taxes

*You have three options for receiving your RCMP CCRC:*

1. Receive your results by regular mail directly from the RCMP. - no additional charge
2. Receive your results by registered mail via the Canadian Forensics Inc. - \$75
3. Receive your results by Federal Express via the Canadian Forensics Inc. – Cost TBD.  
Please contact us for details.



1370 Don Mills Rd #210, North York, ON M3B 3N7

**Phone:** +1 416 269 1717

www.canadianforensicservices.com email: [info@canadianforensicservices.com](mailto:info@canadianforensicservices.com)

**Results Disclosure Consent**

Date: \_\_\_\_\_

The Commissioner, R.C.M.P.  
 1200 Vanier Parkway  
 Ottawa, Ontario  
 K1A 0R2

Attention: Information & Identification Civil Section

**Authorization for RCMP to disclose the results of Criminal Record Check**

I, (Name).....Date of Birth.....  
 hereby give consent to the Royal Canadian Mounted Police to disclose the results of a search of  
 my fingerprints against the national repository of criminal records in Canada to:

Name of Individual /Agency:.....

Address: .....

City: ..... Province/State:.....

Country: ..... Postal Code: .....

I understand that refusal to consent to disclosure of this information to the above person or  
 company will not have any negative consequences on my request.

<p>Signature: _____</p> <p>Date: _____</p> <p align="center"><b>Biometric Consent Instructions</b></p> <p>If fingerprints are being submitted to be processed by our CardScan facility, please place a single finger flat impression in the box on the right to confirm consent. The right thumb should be used when possible. If not possible due to injury or other reason then choose the left thumb and so on. The last choice for bioconsent impression would be the left little finger. Please use the chart to indicate which thumb or finger has been used</p>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"></div> <p>Applicant's Fingerprint "Flat Impression"</p>	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr style="background-color: #cccccc;"><th colspan="2">RIGHT</th></tr> <tr><td>Thumb</td><td><input type="checkbox"/></td></tr> <tr><td>Index</td><td><input type="checkbox"/></td></tr> <tr><td>Middle</td><td><input type="checkbox"/></td></tr> <tr><td>Ring</td><td><input type="checkbox"/></td></tr> <tr><td>Little</td><td><input type="checkbox"/></td></tr> <tr style="background-color: #cccccc;"><th colspan="2">LEFT</th></tr> <tr><td>Thumb</td><td><input type="checkbox"/></td></tr> <tr><td>Index</td><td><input type="checkbox"/></td></tr> <tr><td>Middle</td><td><input type="checkbox"/></td></tr> <tr><td>Ring</td><td><input type="checkbox"/></td></tr> <tr><td>Little</td><td><input type="checkbox"/></td></tr> </table>	RIGHT		Thumb	<input type="checkbox"/>	Index	<input type="checkbox"/>	Middle	<input type="checkbox"/>	Ring	<input type="checkbox"/>	Little	<input type="checkbox"/>	LEFT		Thumb	<input type="checkbox"/>	Index	<input type="checkbox"/>	Middle	<input type="checkbox"/>	Ring	<input type="checkbox"/>	Little	<input type="checkbox"/>
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## Credit Card Authorization Form



### CARDHOLDER INFORMATION

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address (if different from above)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### PAYMENT INFORMATION

Purpose of Payment:  Background Check  DNA Testing  Fingerprinting  Other

I authorize Canadian Forensics Inc. to charge my credit card for the amount \$ \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder's Signature X \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Security Code: \_\_\_\_\_

