

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** FD-1164 (FD-258) **OR** similar.
2. The police service 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 copies 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 attached Credit Card Authorization form.
7. Please mail / courier your completed documents to:

**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.

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">Biometric Consent Instructions</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: _____

