



WINNIPEG POLICE SERVICE RECORD REVIEW BOARD APPLICATION FORM

APPLICANT USE

LAST NAME	1 ST NAME	2 ND NAME
BIRTH NAME (OR OTHER NAME(S) USED)		DATE OF BIRTH
(IF DIFFERENT FROM ABOVE)		YYYY MM DD
GENDER	PHONE NO.	
CURRENT RESIDENCE	POSTAL CODE	
BUSINESS LICENSE REQUIRED FOR		
PROPOSED EMPLOYER		
EMPLOYER'S ADDRESS	PHONE NO.	
SIGNATURE OF APPLICANT	DATE	
APPLICANTS MUST ATTACH THE RESULTS OF THE WINNIPEG POLICE SERVICE VULNERABLE SECTOR CHECK TO THIS APPLICATION OR THE APPLICATION WILL BE REJECTED.		

BELOW FOR DEPARTMENT USE ONLY

I, _____, am a designated employee pursuant to the Community Safety Business Licensing By-law 91/2008. I confirm that:	
<input type="checkbox"/> The Applicant has not passed the Vulnerable Sector Check.	
<input type="checkbox"/> The Applicant has passed the Vulnerable Sector Check.	
SIGNATURE	DATE

BELOW FOR RECORD REVIEW BOARD USE ONLY

I, _____, am designated to serve as a member of the Record Review Board. I have reviewed the attached Police Record Vulnerable Sector Check and the confirmation of the Community Services designated employee and I am satisfied that:	
<input type="checkbox"/> The Applicant has not passed the Vulnerable Sector Check. The Certificate is not issued.	
<input type="checkbox"/> The Applicant has passed the Vulnerable Sector Check. The Certificate is issued and this form shall be considered the certificate.	
SIGNATURE	DATE

The collection of information on this form is authorized by *The Freedom of Information and Protection Act*, ss 37 (1)(m)(i) and is for the purpose of processing the application for a license pursuant to the Community Safety Business Licensing By-law 91/2008.