

# New Westminster Police Department

**New Westminster Police  
Use Only**

Bulk File #

Entity #

## Taxi/Chauffeur Permit Application

PART 1 – PERSONAL INFORMATION (COMPLETED BY APPLICANT)					
<b>LEGAL NAME</b>	SURNAME		GIVEN NAMES		
<b>ALIAS (NICKNAME)</b>	SURNAME		GIVEN NAMES		
DATE OF BIRTH (YYYY/MM/DD)		SEX		BCDL #	
ADDRESS (Apartment, street # and name)		CITY		PROV	POSTAL CODE
PHONE NUMBER (residence)		PHONE NUMBER (cell)			

PART 2 – ADDRESS HISTORY (LIST ALL ADDRESSES YOU HAVE LIVED AT WITHIN THE LAST 5 YEARS)			
ADDRESS (Apartment, street # and name)	CITY	PROV	POSTAL CODE
ADDRESS (Apartment, street # and name)	CITY	PROV	POSTAL CODE
ADDRESS (Apartment, street # and name)	CITY	PROV	POSTAL CODE

PART 3 – PERMIT INFORMATION			
NEW PERMIT YES <input type="checkbox"/> NO <input type="checkbox"/>	RENEWAL PERMIT YES <input type="checkbox"/> NO <input type="checkbox"/>	PREVIOUS PERMIT #	EXPIRATION DATE (YYYY/MM/DD)
HAVE YOU EVER HAD A PERMIT REFUSED, SUSPENDED AND/OR CANCELLED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PLEASE EXPLAIN:			
HAVE YOU EVER BEEN ARRESTED FOR, CHARGED WITH, AND/OR CONVICTED OF ANY OFFENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, PLEASE EXPLAIN:			
PLEASE MAIL MY PERMIT TO MY RESIDENCE <input type="checkbox"/>		PLEASE HOLD MY PERMIT AT THE NRPD FOR PICK-UP <input type="checkbox"/>	

**\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\***

NEW PERMIT #	EXPIRATION DATE (YYYY/MM/DD)	PERMIT MAILED TO APPLICANT <input type="checkbox"/>
		PERMIT HELD AT NRPD FOR PICK-UP <input type="checkbox"/>
COMMENTS:		
<hr/> <hr/>		

**FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED**

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

**Reason for Consent:**

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position (*what you will be doing*): \_\_\_\_\_

Provide details regarding the children or vulnerable person(s) (*what ages, type of client(s) you will be in authority over*): \_\_\_\_\_

**Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

**SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE**

I request and consent to the NEW WESTMINSTER POLICE DEPARTMENT and its employees searching any police agency or court databases based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police including occurrences where no charges have been laid, mental health act occurrences, provincial statutes as well as offences under the motor vehicle act. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party.**

**By my signature below, and for and in consideration of this Police Information Check being completed,** the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality / Corporation of New Westminster Police, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**(Print Name)**