

How to Obtain an RCMP Criminal Record Check from Outside Canada

For clients living outside Canada, Forensics Canada Inc. can assist in obtaining your RCMP criminal record check. Please follow these steps carefully to ensure a smooth process:

1. Have your local Police service or accredited fingerprinting agency take your fingerprints on the **C-216C** Fingerprint Form OR **FD-258 (FD-1164)** 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 items. 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 Forensics Canada Inc. attached Credit Card Authorization form.
7. Please mail / courier your completed documents to:

FORENSICS CANADA INC.

200 Town Centre Court, Unit 5 (Main Floor)
Scarborough, ON M1P 4X8, Canada

Receiving your RCMP Criminal Record Check (CRC)

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

You have three options for receiving your RCMP Criminal Record Check (CRC):

1. Receive your results by regular mail directly from the RCMP. - **no additional charge**
2. Receive your results by registered mail via the Forensics Canada Inc. - **\$75.00**
3. Receive your results by courier via the Forensics Canada Inc. - Cost TBD. **Please contact**



CardScan Application

Incomplete or missing information will cause delays in processing of the application

Please type in or write in block capitals

Last Name: _____ First Name: _____ Middle: _____

Current Address: _____

Address Line 2: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone: _____

Please write the same email address, which you used to communicate with us.

Email: _____

Date of Birth: _____ Sex/Gender: _____

Checklist:

- Cardscan Application Fingerprint Form Copies of Two ID's
 Passport Photo Credit Card Payment Form or PayPal Receipt

Please write below the reason for certified criminal record check (e.g. Visa, Immigration to Canada, Employment etc).

Please Check-Mark Only One Option

- I request the RCMP To send the Certified Criminal Record Check directly to me, via Canada Post Regular (non-trackable) mail.
- I request the RCMP to send the Certified Criminal Record Check via Canada Post regular (non-trackable) mail to a third party, at the address written on the attached Third Party Consent Form.
- I request the RCMP to send the Certified Criminal Record Check to Forensics Canada Inc. Forensics Canada Inc. will send it to me via courier. I have paid the courier cost or added it on the payment form

In the Box below, Please write the name and address for receiving the certified criminal record check.

Signature: _____

Date: _____

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 style="text-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: 100px; 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 Forensics Canada 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: _____

