



## WINNIPEG POLICE SERVICE RECORD REVIEW BOARD APPLICATION FORM

**ANY FALSE OR INCOMPLETE INFORMATION  
MAY RESULT IN REJECTION OF APPLICATION**

**APPLICANT**

LAST NAME _____	1 <sup>ST</sup> NAME _____	2 <sup>ND</sup> NAME _____
BIRTH NAME (or other name(s) used) _____ <small>(IF DIFFERENT FROM ABOVE)</small>		DATE OF BIRTH _____ <small>YY MM DD</small>
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
CURRENT RESIDENCE _____	POSTAL CODE _____	PHONE NO. _____
RESIDENCE(S) FOR THE LAST 12 MONTHS _____		

**LICENSE REQUIRED**

<input type="checkbox"/> INDEPENDENT / ESCORT AGENCY / BODY RUB PARLOUR	<input type="checkbox"/> ESCORTS	<input type="checkbox"/> BODY RUB PRACTITIONER
<input type="checkbox"/> USED GOODS DEALER	<input type="checkbox"/> PRECIOUS METALS DEALER	<input type="checkbox"/> HOSTEL PROPRIETOR
<input type="checkbox"/> BICYCLE DEALER	<input type="checkbox"/> OTHER _____	
PROPOSED EMPLOYER _____		
EMPLOYER'S ADDRESS _____	PHONE NO. _____	
SIGNATURE OF APPLICANT _____	DATE _____	
<i>* REFERENCES TO BE SUPPLIED UPON REQUEST</i>		

**BELOW FOR POLICE USE ONLY**

<b>IDENTIFICATION PRODUCED</b>		
TYPE _____		
TYPE _____		
PROCESSED BY _____	SIGNATURE _____	STAFF NO. / DIV. _____
		DATE _____

APPLICANT ATTENDING BOARD	YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE ATTENDING _____
APPROVED <input type="checkbox"/>	DATE _____ <small>YY MM DD</small>	SIGNATURE _____
REJECTED <input type="checkbox"/>		<small>CHAIRPERSON</small>
<b>COMMENTS:</b> _____		
APPROVED AND GRANTED		_____
<small>CHIEF OF POLICE</small>		

*The personal information on this form will be collected and shared for the purposes outlined in Section 36-47 of the Freedom of Information and Protection of Privacy (FIPP) Act, and for other legal requirements, where they are consistent with the FIPP Act.*