



LEVEL 1 WINNIPEG POLICE SERVICE SECURITY CLEARANCE IDENTIFICATION REQUIREMENTS

An applicant must provide **two (2) valid** pieces of identification, one of which must be government-issued and include the applicant's name, date of birth, signature (where applicable), photo and expiry date.

Below are the types of identification accepted by the Service:

Photo Identification – must provide at least one of the following: (Clear Image)

- Driver's license
- Manitoba Identification card (issued by Manitoba Public Insurance)
- Passport
- Permanent resident card
- Secure certificate of Indian status card
- Refugee Protection Claimant Document

Non-photo identification:

- Health insurance card (issued by a province in Canada)
- Certificate of Indian status card
- Birth Certificate
- Citizenship Card (or Citizenship Certificate)
- Confirmation of Permanent Residence
- Work Permit or Study Permit issued by the Government of Canada
- Single Journey Travel Document issued by the Government of Canada
- Social Insurance Card (or SIN Confirmation Letter)
- Firearms License for Possession & Acquisition
- Military Service Identification Card (CFOne Card or Veteran's Service Card)
- Nexus Card
- Fast Card (Canada Border Service Agency)

All security clearances **expire after a period of one (1) year from date of clearance or at the discretion of the WPS.**

Level 1 - Contact the WPS Security Officer for further information on the security clearance process or on renewal procedures at wps-securityclearance@winnipeg.ca

***THE WINNIPEG POLICE SERVICE RESERVES THE RIGHT TO REQUIRE FURTHER
IDENTIFICATION AT THEIR DISCRETION***



WINNIPEG POLICE SERVICE
NON-WPS MEMBER SECURITY CLEARANCE CHECK
AND CONFIDENTIALITY AGREEMENT

NAME, TELEPHONE NUMBER AND BUSINESS ADDRESS OF EMPLOYER:
NAME & PHONE NUMBER OF CITY CONTACT PERSON IN CHARGE OF THE PROJECT REQUIRING THE SECURITY CLEARANCE CHECKS

NATURE & LOCATION OF WORK BEING DONE FOR WINNIPEG POLICE SERVICE:

WARNING: ANY FALSE OR INCOMPLETE INFORMATION MAY RESULT IN REJECTION OF THIS APPLICATION
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

EMPLOYEE INFORMATION

LAST NAME: GIVEN NAMES:
BIRTH NAME OR OTHER NAME(S) USED:
MALE FEMALE DATE OF BIRTH: BIRTH PLACE:
ADDRESS: CITY: PROVINCE:
POSTAL CODE: RESIDENTIAL PHONE:

AUTHORIZATION

I, hereby consent to the Winnipeg Police Service collecting my personal information from any public body, person, employer, or government institution for the purpose of conducting a security check in connection with my contract or association with the Winnipeg Police Service. This authorization, including a copy or facsimile thereof, is my consent to any public body, person, employer or government institution to release true copies of any records containing my personal information to the Winnipeg Police Service. (Security clearance checks expire after a period of one year).

CONFIDENTIALITY AGREEMENT

I, in the City of Winnipeg in the Province of Manitoba, hereby acknowledge that when I am working in the Winnipeg Police Service (WPS) facilities all information ("the information") which I may see or hear is confidential. The information includes, without limitation, information regarding WPS facilities, WPS members, WPS operations and WPS activities. I will only use and share the information as strictly necessary for carrying out the work I am required to do. Prior to making any photographic image, recording, notes or documentation regarding WPS facilities, layouts or building plans, I will first obtain written permission from the Sergeant in the Security Section of Division 30. I acknowledge that failure to comply with this acknowledgement may result in revocation of my security clearance, withholding of future security clearances, and legal action against myself or my employer.

Signature of Witness Signature of Applicant Date

* If the applicant is under the age of 18 they must have a parent or guardian sign

Name of Parent or Guardian Signature of Parent or Guardian Date

WINNIPEG POLICE SERVICE - FOR OFFICE USE ONLY

This personal information will be collected pursuant to The Freedom of Information and Protection of Privacy Act C.C.S.M.cF175 (title, name, phone # of person who) can answer questions about the collection of this information.

RESULT OF CHECK

GRANTED DENIED

PROCESSED BY: NAME / SERVICE NO / RANK / DIV / SIGNATURE Date