

IMPORTANT INSTRUCTIONS

1. Please fill out the form in BLOCK letters.
2. Please do not make any changes to this section:

C. Informed Consent

SEARCH AUTHORIZATION – I HEREBY CONSENT TO THE SEARCH OF the RCMP National Repository of Criminal Records based on the name(s), date of birth and where used, the declared criminal record history provided by myself. I understand that this verification of the National Repository of Criminal Records is not being confirmed by fingerprint comparison which is the only true means by which to confirm if a criminal record exists in the National Repository of Criminal Records.

POLICE INFORMATION SYSTEM(S) – I HEREBY CONSENT TO THE SEARCH OF police information systems, as part of a Criminal Record and Judicial Matters Check, which will consist of a search of the following systems (check applicable):

CPIC investigative Data Bank

Police Information Portal (PIP)

**CRIMINAL RECORD CHECK (CRC)
Declaration of Criminal Record Form**

Declaration of Criminal Record

This form is required to be filled and attached to your Informed Consent Form for a Criminal Record Check (CRC).

Surname (last name) _____ Given name(s) _____ Date of Birth: _____
YYYY-MM-DD

Information is collected and disclosed in accordance with federal, provincial and municipal laws.

A Declaration of Criminal Record does not constitute a Certified Criminal Record by the RCMP and may not contain all criminal record convictions.

Applicants must declare all convictions for offences under Canadian federal law.

Do not declare the following:

- A conviction for which you have received a Record Suspension (formerly pardon) in accordance with the *Criminal Records Act*;
- A conviction where you were a "young person" under the *Youth Criminal Justice Act*;
- An Absolute or Conditional Discharge, pursuant to section 730 of the *Criminal Code*;
- An offence for which you were not convicted;
- Any provincial or municipal offence, and;
- Any charges dealt with outside of Canada.

Note that a Certified Criminal Record can only be issued based on the submission of fingerprints to the RCMP National Repository of Criminal Records.

Offence	Date of Sentence	Court Location

Signature of Applicant

Date (YYYY-MM-DD)

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN
COMPLIANCE WITH THE FCRA
(FAIR CREDIT REPORTING ACT)**

This authorization and consent for release of personal information acknowledges that **Tamiami Master Association** (Hereafter referred to as "Company") and/or its agent, C4 Operations LLC may now, or at any time renting from conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work rental history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records. I understand that these searches will be used to determine renting eligibility under the company's renting policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC, 1201 Edgewood Rd SW, Cedar Rapids, IA 52404** at telephone number (319) 491-6300. After reading this document, I fully understand its contents and authorize the background verification.

Signed this _____ day of _____, 20____

Applicant (Print Name)

Applicant Signature

These documents should NOT be construed as legal advice, guidance or counsel. Companies should consult their own attorney about their compliance responsibilities under the Fair Credit Reporting Act, as well as applicable state and international laws. C4 Operations / Owens OnLine LLC expressly disclaims any warranties, responsibilities, or damages associated with, or arising out of, information provided. Companies seeking credit reports must provide additional notices pursuant to state law.

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING DISCLOSURE]

DISCLOSURE REGARDING "CONSUMER REPORT" BACKGROUND INVESTIGATION

Company Name TAMIAMI MASTER ASSOCIATION ("Company") may obtain information about you from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report," which may include information about your character, general reputation, personal characteristics, or mode of living. These reports may include information regarding your credit history, criminal history, identity verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These reports will be conducted by C4 Operations, Cedar Rapids IA and Owens OnLine LLC, 3802 Ehrlich Road, Suite 307, Tampa, FL 33624, (800) 745-4656, www.owens.com. The scope of this disclosure is all-encompassing allowing Company to obtain from any outside organization all manner of consumer reports throughout the course of your relationship with the Company to the extent permitted by law.

Printed Name: _____

Signature: _____ Date: _____

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING DISCLOSURE]