

IMPORTANT INSTRUCTIONS

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

C. Informed Consent
<p>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.</p>
<p>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):</p> <p><input checked="" type="checkbox"/> CPIC investigative Data Bank <input type="checkbox"/> Police Information Portal (PIP)</p>

A. Personal Information					
Surname (last name):			Given names(s):		
Surname (last name) at birth:			Former name(s):		
Place of birth (City, Province/State, Country):					
Date of birth (YYYY-MM-DD):			Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Phone number(s):			Email address:		
Current Home Address					
_____		_____		_____	
Number	Street	Apartment	City	Province/Territory/State	Postal/ZIP code
Previous Address(es) Within the Last 5 Years (attach additional page if necessary)					
_____		_____		_____	
_____		_____		_____	
B. Reason for the Criminal Record Check (CRC)					
Reason for Request (example: Employment – Employer – Job Title): Tenant					
Organization Requesting Search: Owens OnLine LLC					
Contact Name: Amanda Pendarvis			Contact Phone Number: 239-997-2697		
C. Informed Consent					
<p>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.</p>					
<p>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):</p> <div><input checked="" type="checkbox"/> CPIC investigative Data Bank <input type="checkbox"/> Police Information Portal (PIP)</div>					
<p>AUTHORIZATION AND WAIVER to provide a confirmation of criminal record or any police information.</p> <p>I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of the results of the criminal record checks to <u>Triton Canada Inc.</u>, located in <u>Toronto, Canada</u></p> <div>Company NameCity and Country</div> <p>I hereby release and forever discharge all members and employees of the processing Police Service and the Royal Canadian Mounted Police from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the <u>Brockville/Cobourg/OwenSound/NewWestminster/West Vancouver</u> to <u>Triton Canada Inc.</u>, <u>Toronto, Canada</u>.</p> <div>Name of Processing Police ServiceCompany NameCity and Country</div>					
Signature of Applicant		Date		Signed at	
		Year – Month - Day		City	
				Province/Territory	
D. Identification Verification <input checked="" type="checkbox"/> Physical Identity Verification <input type="checkbox"/> Electronic Identity Verification					
Witnessing Agent’s Name:		Identification Verified: Yes No			
Witnessing Agent’s Signature:		Type of Photo ID Viewed (Government Issued) & Secondary ID			

****Information related to this criminal record check is collected, retained and disclosed in accordance with applicable privacy legislation. ****

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)

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.

Declarations continued

Offence	Date of Sentence	Court Location

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**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

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[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING DISCLOSURE]

DISCLOSURE REGARDING "CONSUMER REPORT" BACKGROUND INVESTIGATION

Company Name ("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: _____

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EUROPEAN UNION (EU) EMPLOYERS PLEASE CHECK THE APPLICABLE BOXES BEFORE HAVING APPLICANT SIGN

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DATA PRIVACY NOTICE

Company Name ("Company") may obtain information about you to verify and investigate your background for rental application purposes from a third party, including C4 Operations, Cedar Rapids, IA, Owens OnLine LLC, 3802 Ehrlich Road, Suite 307, Tampa, FL 33624, USA or their representative Owens Europe GmbH, Medipark 1, D-83088 Kiefersfelden, Germany (collectively "Owens").

Information you have or will supply, may be disclosed to third parties including agents or vendors of the above named entities, law enforcement agencies, state or federal agencies, courts, institutions, schools or universities (public or private), information service bureaus, employers, employees or insurance companies to verify and investigate your background.

In accordance with the host nation's laws and the laws applicable to you depending on your location regarding the release of information, you understand that information may be transmitted from any country to the above listed parties located in any country, including countries outside the EU that have a different level of data protection or inadequate data protection laws as defined by the European Commission than your country of residence.

For access to the personal data collected or transferred, to your report, or for any other inquiries or complaints you may contact Company or C4 Operations, Cedar Rapids IA or at Owens. Owens' privacy policy is available at www.owens.com/privacy-policy. Owens affords individuals the opportunity to choose whether their personal information will be disclosed to a third party as described above. A consumer can withdraw consent by contacting Company and/or by contacting Owens in writing or by e-mail at the addresses listed on www.owens.com/contact-us. If choosing to withdraw your consent your background check, if still in progress, will not be completed. This may affect Company's decision related to the purpose in which the background check was requested.

THIS IS ONLY FILLED OUT IF THE COUNTRY YOU LIVE IN IS PART OF THE EU

EU applicants only: Company has determined the report(s) selected below are necessary for the proposed employment relationship with you.

- | | |
|---|--|
| <input type="checkbox"/> Credit Reports | <input type="checkbox"/> Civil Reports (including Lawsuit, Lien, Judgment, Bankruptcy, Insolvency) |
| <input type="checkbox"/> Criminal Reports | <input type="checkbox"/> Identity Reports (including ID Checks, Address Checks, Property Checks) |
| <input type="checkbox"/> Motor Vehicle Reports | <input type="checkbox"/> Education, Employment, License, Association and Reference Verifications |
| <input type="checkbox"/> Media or Adverse Lists | <input type="checkbox"/> Verification of any other data in your CV (Curriculum Vitae) |

Outside the EU applicants or employees only: These background report(s) may contain information regarding your credit history, criminal history, identity verification, motor vehicle records, verification of your education or employment history, or other background checks. The report(s) may include information about your character, general reputation, personal characteristics, or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates.

Printed Name: _____

Signature: _____ Date: _____

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**[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
ACKNOWLEDGMENT AND AUTHORIZATION**

USA Applicants Only: I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.

Applicants with Personal Data from Outside the USA Only: I acknowledge receipt of the DATA PRIVACY NOTICE and certify that I have read and understand the document.

I hereby freely authorize the collection, processing and use of my personal data for the obtaining of background reports, "consumer reports" or "investigative consumer reports," for rental screening by "**Company**" at any time after or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by C4 Operations, Cedar Rapids, IA, and Owens OnLine LLC, 3802 Ehrlich Road, Suite 307, Tampa, FL 33624, (800) 745-4656, www.owens.com and/or Company itself. In accordance with the host nation's laws and the laws applicable to me depending on my location regarding the release of information, I authorize the release and transmittal of information from any country to the above listed parties, their clients, and/or their agents or vendors located in any country, including countries outside the European Union that may have a different level of data protection or inadequate data protection laws as defined by the European Commission. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York Applicants Only: Upon request, you will be informed whether or not a consumer report was requested by Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of ARTICLE 23-A OF THE NEW YORK CORRECTION LAW.

New York City Applicants Only: You acknowledge and authorize Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

☐ **Minnesota and Oklahoma Applicants Only:** Please check this box, if you would like to receive a copy of a consumer report, if one is obtained by Company.

Washington State Applicants Only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Printed Name: _____

Signature: _____