☐ CRRP
☐ FINGERPRINTS ONLY
  ☐ Mail
  ☐ Pick Up
☐ F/P CNIVS - PIC FORM REQUIRED
☐ Other (Specify)_____

WEST VANCOUVER POLICE DEPARTMENT

Fingerprint Consent Form

Applicant: _____
SURNAME GIVEN NAMES

Previous Names: _____

Birthdate: _____ Birthplace: _____
YEAR / MONTH/ DAY

Address: _____

West Vancouver, BC Postal Code: _____

Telephone: _____ (Residence) Male ☐

_____ (Cell) Female ☐

Other ☐

Reason for Fingerprints: _____

*Will be filled in by police:

MAP NUMBER: _____ CRRP # (If Applicable) _____

I authorize the West Vancouver Police Department to take my fingerprints.

I certify that I am a resident of West Vancouver.

The taking of my fingerprints is done upon my request and for my personal use.

I understand that a copy of my fingerprints taken in conjunction with this request will not be retained by, or used in any manner, by the West Vancouver Police Department.

_____ _____
SIGNATURE YEAR / MONTH / DAY