



PROTOCOL APPLICATION FORM
SCHOOL BUS OPERATOR

Division de l'information policière
5967, rue Verdun
Verdun, Québec
H4H 1M5

IDENTIFICATION OF THE APPLICANT

NAME OF ORGANIZATION PHONE
ADDRESS FAX

IDENTIFICATION OF THE PERSON RESPONSIBLE FOR JUDICIAL RECORD CHECKS
(licence holder or employer's representative) If you enter the name of someone OTHER THAN THE PERSON AUTHORIZED TO ACT ON BEHALF OF THE ORGANIZATION, you must attach a copy of a resolution from the board of directors authorizing the chosen representative to act.

FIRST NAME LAST NAME GENDER M F
DATE OF BIRTH (YY/MM/DD) TITLE PHONE

IDENTIFICATION OF THE SUBSTITUTE
MANDATORY (in the event that the person responsible is unable to act)

FIRST NAME LAST NAME GENDER M F
DATE OF BIRTH (YY/MM/DD) TITLE PHONE

IDENTIFICATION OF THE SECONDARY SUBSTITUTE
OPTIONAL

FIRST NAME LAST NAME GENDER M F
DATE OF BIRTH (YY/MM/DD) TITLE PHONE

PLEASE INDICATE THE TYPE OF PROTOCOL

Protocol for vulnerable clientele sector, covering:
(recommended)
any conviction or charge for a criminal offence incompatible with the position sought
any outstanding court order against the applicant in Canada
any conviction for an offence listed in the Schedule to the Criminal Records Act, R.S.C. 1985, c. C-47, even if the person has been granted a pardon
any misconduct or information suggesting that the applicant could endanger the physical or psychological safety of the vulnerable persons under their care

Protocol for education sector, covering:
(standard judicial record check agreement carried out by Québec police forces for school bus operators)
any conviction or pending charge for a criminal or penal offence committed in Canada, unless a pardon has been granted for that offence
any outstanding court order against the applicant in Canada

All the people named on this form must be present at the signing of the protocol. Thank you!

