



**REQUEST FOR PRECONDITION INVESTIGATION
Administrators — External employer**

Le Service de police de la Ville de Montréal will proceed to the investigation of the administrators of an external employer wishing to conclude an agreement with the SPVM for the verification of the judicial records of its employees.

SECTION 1 ADMINISTRATOR'S IDENTIFICATION				
NAME			HOME PHONE	
GIVEN NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTH DATE (yyyy-mm-dd)	WORK PHONE	
ADDRESS (NUMBER / STREET / CITY / POSTAL CODE)				
BIRTH PLACE	PROVINCE (STATE)	COUNTRY		
JUDICIAL RECORD: HAVE YOU EVER BEEN DECLARED GUILTY OF A CRIMINAL OFFENCE OR ARE YOU UNDER A CRIMINAL ACCUSATION?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF SO, SPECIFY:		
PRIOR ADDRESSES (Last 5 years)				
CIVIC NUMBER	STREET	CITY	FROM (yy-mm)	TO (aa-mm)

SECTION 2 ADMINISTRATOR'S IDENTIFICATION CHECK (TO BE FILLED OUT BY THE SERVICE DE POLICE DE LA VILLE DE MONTRÉAL)	
I HEREBY DECLARE TO HAVE VERIFIED THE ADMINISTRATOR'S IDENTITY WITH AT LEAST THE FOLLOWING TWO DOCUMENTS, ONE OF WHICH WAS BEARING A PICTURE:	
<input type="checkbox"/> Driver's license	<input type="checkbox"/> Health insurance card
<input type="checkbox"/> Passport	<input type="checkbox"/> Others, specify: _____
VERIFIER'S NAME / GIVEN NAME	WORK PHONE
SIGNATURE	DATE (yy-mm-dd)

SECTION 3 ADMINISTRATOR'S EMPLOYER IDENTIFICATION	
EMPLOYER'S NAME	
ADRESSE (NUMBER / STREET / CITY / POSTAL CODE)	
FAX	PHONE

SECTION 4 ADMINISTRATOR'S CONSENT	
I, THE UNDERSIGNED, AGREE THAT THE SERVICE DE POLICE DE LA VILLE DE MONTRÉAL VERIFIES MY JUDICIAL AND PENAL RECORDS IN ALL FILES AND DATA BANKS AVAILABLE.	
I UNDERSTAND THAT THE VERIFICATION RESULTS MAY JUSTIFY REFUSAL FROM THE SERVICE DE POLICE DE LA VILLE DE MONTRÉAL TO FOLLOW THROUGH THE CONCLUSION OF AN AGREEMENT WITH THE FIRM FOR WHICH I ACT AS AN ADMINISTRATOR.	
ADMINISTRATOR'S SIGNATURE	DATE (yy-mm-dd)