

Cardscan Application Form

Complete the information below:

Last name:

First Name:

Middle Name:

Other Names/ Maiden Name:

Address:

Phone:

Email:

Date of Birth (YYYY/MM/DD):

Gender:

Name of fingerprint company / Police Station / Consulate - City and Country:

Name of fingerprint technician:

Date Fingerprinted:

Application Type:

Results:

- I request the RCMP to send the original certified police certificate to the **address above** by regular mail.
- I request the RCMP to send the original certified police certificate to a **3rd party** listed below by regular mail. (3rd party consent form also required)

I would like to pay via:

- Credit Card Interact E-transfer PayPal (no account needed)