## Letterhead or Logo of Organization Required

Date: \_\_\_\_\_

As the authorized representative of (name of organization/employer), I hereby request that the Thunder Bay Police conduct:

Bay i once conducti	
Criminal Record Judicial Matters Chee	ck (CRJMC)
As the authorized representative of a person of	or organization that is responsible for the wellbeing of one
	ined in Section 6.3(1) of the Criminal Records Act, I hereby
request that the Thunder Bay Police conduct:	
request that the manaer bay rollee conduct.	
Police Vulnerable Sector Check (PVSC	C)
Applicant (Full Name):	
Address Complete Address:	
Paid/Placement Position 🔲	Volunteer Position
Position Title:	
Requests for Police Vulnerable Sector Checks Only:	
Part 2(1)(c) of the Criminal Records Regulation requires applications for VS checks to show how the	
position is one of trust or authority towards that child or vulnerable person(s).	
Please provide description of duties:	
·	
Name of Authorized Representative	Position Title
Signature of Authorized Representative	Phone #/Email