



# Criminal Records Review Program Application for Pre-Authorized CREDIT CARD USAGE

To be completed if paying by credit card.

**Directions:** You may complete the form fields at your computer, print, then sign and date *OR* print the form out and complete using a dark ink pen, printing clearly and carefully. The form must be signed and dated and all information must be complete in order for the record check to proceed. Incomplete forms will be returned. **Credit card information should not be e-mailed.** Mail or fax this form to the Criminal Records Review Program (address below).

## PART A – CREDIT CARD PAYMENT AUTHORIZATION

I authorize the use of the following credit card to cover criminal record check(s) fees as follows (**check one**):

Payment Type:  Visa  Mastercard

- I hereby authorize to deduct \$20.00 for each applicant listed in Part B — \$ \_\_\_\_\_ (total payment authorized).
- I wish to establish a drawdown account.
- I wish to replenish an existing drawdown account.

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
(Month / Year)

Print Cardholder's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Year / Month / Day)

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
\_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Organization: \_\_\_\_\_

## PART B – INDIVIDUAL(S) REQUIRING A CRIMINAL RECORD CHECK:

Clearly print the names of individuals requiring a criminal record check and for whom applications are attached (a list of names is not required for those establishing or replenishing a Draw Down account).

Surname	First Given Name	Middle Name(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PART C – FOR SECURITY PROGRAMS USE ONLY:

Invoice # \_\_\_\_\_ Trans # or Approval # \_\_\_\_\_ Completed by \_\_\_\_\_ Date \_\_\_\_\_

PSSG 08-000 01/2010

Making British Columbia  
a Safer Place for Children



**Ministry of Public Safety  
and Solicitor General**  
Policing and Security Programs  
Security Programs Division  
Criminal Records Review Program

**Mailing Address:**  
P.O. Box 9217 STN PROV GOVT  
Victoria, BC V8W 9J1  
**Fax:** (250) 356-1889