

**Consent for Pill Press Security Screening -
Registered Seller Owner or Manager**



Ministry of
Public Safety and
Solicitor General

Personal Information							
Surname		Given Name (1)			Given Name (2)		
Usual First Name or Alias		Maiden Name/Other Surnames					
Place of Birth		Date of Birth (yyyy/mm/dd)			Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other		
Driver's Licence #		Primary Phone Number (incl. area code)			Email Address		
Address							
(unit #)	(street #)	(street name)	(city)	(prov.)	(postal code)		
Mailing Address (if different from above)							
(unit #)	(street #)	(street name)	(city)	(prov.)	(postal code)		
Have you ever resided outside of British Columbia within the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If your answer is yes, please provide all prior Canadian addresses within the past 5 years							
Address							
(unit #)	(street #)	(street name)	(city)	(prov.)	(postal code)	From (yy/mm)	To (yy/mm)
Address							
(unit #)	(street #)	(street name)	(city)	(prov.)	(postal code)	From (yy/mm)	To (yy/mm)
Address							
(unit #)	(street #)	(street name)	(city)	(prov.)	(postal code)	From (yy/mm)	To (yy/mm)
Address							
(unit #)	(street #)	(street name)	(city)	(prov.)	(postal code)	From (yy/mm)	To (yy/mm)

Have you ever been charged with or convicted of a criminal offence?

YES NO

This includes **ALL** charges or convictions, including information as a Young Offender pursuant to Section 119(1)(o) of the *Youth Criminal Justice Act*, **regardless of the outcome**, convictions that have received a record suspension and charges resulting in non-convictions.

Collection Notice

The Security Programs Division will collect your personal information for the purpose of fulfilling the requirements of the *Pill Press and Related Equipment Control Act* (PPRECA) and associated regulations in Pill Press registration, compliance and enforcement matters in accordance with Sections 26 (a) and (c) of the *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection, use, or disclosure of personal information, please contact the Senior Policy Analyst, Security Programs Division via mail to PO Box 9217 Stn Prov Govt Victoria, BC V8W 9J1; email to PillPressLicensing@gov.bc.ca; or by telephone at 1-855-587-0185.

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Declaration and Consent

I, the undersigned, do hereby consent to the collection and disclosure by the Royal Canadian Mounted Police (RCMP) and other law enforcement agencies, as well as other duly authorized agencies of the government, of any and all information related to the security screening checks in support of this Registered Seller application for a period up to five years. This may include some or all of: (a) criminal record check or fingerprint-based criminal record verification by searching the Canadian Police Information Centre database; (b) a police information check and; (c) a check of records in the corrections information system of the Ministry of Public Safety and Solicitor General.

I certify that, to the best of my knowledge, the information I have provided on this consent form is complete, honest, and accurate. I understand that a false statement or omission of facts herein may lead to the denial of a Registered Seller registration being granted to the applicant business under PPRECA. I am also aware that later discovery of an omission or misrepresentation may be grounds for suspension or cancellation of a registration or for being prosecuted under provincial law.

Applicant Name (please print)

Applicant's Signature

Date Signed