Richmond RCMP Block Watch
Security Clearance

This form is to be completed by all potential Block Watch Captains / Co-Captains

Surname: _____ Given Name(s):_____

Sex: Male _____ Female _____ Maiden Name: _____ (If applicable)

Date of Birth: _____ Place of Birth: _____

Yr/Mo./Day

Address: _____ Postal Code: _____

Home Telephone: _____ Occupation: _____ Business Telephone: _____

Previous Address: (if at current address for less than 3 years) _____

BC Driver's License Number: _____ e-mail address: _____

I understand that to be a Block Watch Captain or Co-Captain a Security Check will be completed and that any information obtained will be handled in the strictest confidence. By signing below I am granting approval to perform the original Security Check and grant permission for the Security Check to be re-processed every five years while I am the Block Watch Captain or Co-Captain.

Block Watch Captain/Co-Captain's Signature

_____ **Date:** _____

Check here if you are the Captain (___) Check here if you are the Co-Captain (___)

Please return this form to: RCMP Block Watch Program, 6900 Minoru Blvd., Richmond, B.C. V6Y 1Y3 or by fax at (604)713-2349

For Police Use Only	
PRIME:	
PIRS:	
CNI:	
CPIC:	
Date Received:	
Date Completed:	
Completed By:	
Comments:	