



# VANCOUVER POLICE DEPARTMENT

## REQUEST FOR FINGERPRINT SERVICE

\*\*\*THIS FORM MUST BE PRESENTED IN PERSON \*\*\*  
PLEASE PRINT CLEARLY

VPD 500B (24)

	<b>Last Name(s)</b>	<b>First Name</b>	<b>Middle Name(s)</b>	
Current Name:				
Other Name(s) or Alias:				
Surname at Birth:				
Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth (YYYY/MM/DD):	Telephone No.:	Email:	
Address (unit, street # and name):		City:	Province:	Postal Code:
Purpose of fingerprint service (State country name if for foreign police certificate):		How many sets of fingerprints are needed?	Agency reference number (CRRP, ORI for federal employment, citizenship application number, etc.):	

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

VPD Employee VA # \_\_\_\_\_

## VPD USE ONLY BELOW

GO #:	Receipt #:	Intelliscreen Map #	
<b>IDENTIFICATION</b>		<b>CASHIER INFORMATION</b>	
	<b>Service:</b>	<b>Fee:</b>	<b>Method of Payment:</b>
Primary (photo) Government-issued ID type and #:	Ink Prints Ink Extra Print # of sets: _____	<input type="checkbox"/> \$64.00 <input type="checkbox"/> \$10.00 x sets = \$ _____	<input type="checkbox"/> Cash  <input type="checkbox"/> Debit  <input type="checkbox"/> Visa  <input type="checkbox"/> MasterCard
Secondary ID type and #:	Electronic Prints Electronic Hardcopy # of sets: _____	<input type="checkbox"/> \$64.00 <input type="checkbox"/> \$10.00 x sets = \$ _____	
	CRRP-VS Reclaiming Indigenous Name VPD	<input type="checkbox"/> \$64.00 <input type="checkbox"/> N/C <input type="checkbox"/> N/C	<input type="checkbox"/> Certified Cheque or Money Order
	RCMP submission fee RCMP submission N/C	<input type="checkbox"/> \$25.00 <input type="checkbox"/> N/C	
<b>POLICE RECORDS FINGERPRINT RESULTS</b>			
<b>Query Type</b>	<b>Queried by</b>	<b>Negative</b>	<b>See Attached</b>
CPIC (QPERS)		<input type="checkbox"/>	<input type="checkbox"/>