



For Administrative Use

APPLICATION TO BECOME A VERIFIER

ATTENTION: Please print clearly in blue or black ink.

A APPLICANT INFORMATION

1. a) Family name		b) First name		c) Initial or middle name	
d) Date of birth (Y / M / D)		e) Street / Land location / Rural route / PO box number			f) Apt. / Unit
g) City		h) Province / Territory		i) Postal code	
j) Firearms licence number		k) Expiry date	l) Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (please specify) _____		
m) Occupation			n) Do you have access to a computer with CD Rom? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CONTACT INFORMATION (indicate how the Canada Firearms Centre may contact you)

2. a) Telephone number () - Extension <input type="checkbox"/> day <input type="checkbox"/> evening		b) Fax number () -	c) Email address (if applicable)	
d) Do you want to provide verification services to the public? <input type="checkbox"/> No <input type="checkbox"/> Yes ▶		If yes, indicate the phone number that should be given to the public (Canada Firearms Centre will provide your name and this phone number to members of the public requesting verification). Tel. No. () -		

B BUSINESS OR PUBLIC AGENCY INFORMATION (to be completed if applying on behalf of a business or public service agency)

3. a) Name of business or public service agency		b) Street / Land location / Rural route / PO box number		c) Apt. / Unit	
d) City		e) Province / Territory		f) Postal code	
g) Business firearms licence number (Public service agency number not required)				h) Licence expiry date	

C VERIFIER CATEGORY

4. Category (check one only)

Business Firearms officer Club / organization Manufacturer

Police officer / Public agent Individual Other

D APPLICANT'S SIGNATURE

Applicant's signature

Date (Y / M / D)

**Once completed please fax to: (613) 941-1991 or Mail to:
Canada Firearms Centre, Verifier's Network, Ottawa, Ontario K1A 1M6
Tel.: 1 800 731-4000 extension 1052**

TO BE COMPLETED BY THE NATIONAL COORDINATOR FOR THE VERIFIER'S NETWORK

<input type="checkbox"/> CPIC	<input type="checkbox"/> Trained	<input type="checkbox"/> CFIS	Trained by	Date trained
<input type="checkbox"/> FRT	<input type="checkbox"/> Kit	<input type="checkbox"/> Certificate and ID Card	Verifier number	

If you need help completing this form, please call 1 800 731-4000 extension 1052.