Royal Canadian Mounted Police / Gendarmerie royale du Canada

Protected A once completed

Application to Become a Verifier

Ce formulaire est disponible en français.

For Administrative Use

Attention: Please print clearly in blue or black ink. To verify a firearm you must have access to a computer with a DVD or with Internet.

1. I would like to receive all information in
◯ English ◯ French

A - Applicant Information

2. a) Last Name	2. b) First Name	2. c) Initial or Middle Name

2. d) Date of Birth (yyyy-mm-dd)	2. e) Firearms Licence Number	2. f) Expiry Date (yyyy-mm-dd)	2. g) Occupation

Contact Information

Indicate how the Canadian Firearms Program may contact you.

3. a) Telephone Number	Extension	3. b) Email Address

3. c) Do you want to provide verification services to the public? ◯ No ◯ Yes, indicate the tel. no. that should be given to the public.	3. d) Telephone Number (given to the public)	Extension

B - Business, Public Agency or Sponsor Information

4. a) Name of Business, Public Agency or Sponsor	4. b) Business Firearms Licence Number (Public Agency Identification Number is not required).	4. c) Licence Expiry Date (yyyy-mm-dd)

Physical Address

5. a) Street or Land Location	5. b) Apt./Unit

5. c) City	5. d) Province/Territory	5. e) Postal Code (A9A 9A9)

Mailing Address

☐ Mailing address is the same as above

6. a) Street / Rural Route / PO Box Number	6. b) Apt./Unit

6. c) City	6. d) Province/Territory	6. e) Postal Code (A9A 9A9)

Supervisor, Sponsor or Representative's Information

7. a) Last Name	7. b) First Name	7. c) Initial or Middle Name

7. d) Telephone Number	Extension	7. e) Email Address (if applicable)

7. f) Position Title

I authorize the applicant to verify firearms for our purpose. I will inform the Registrar if there is any change or if the applicant no longer belongs to our business/organization.

Supervisor, Sponsor or Representative's Signature _____ Date (yyyy-mm-dd) _____

C - Verifier Category

8. Category (check one only)

◯ Business ◯ Firearms Officer ◯ Club/Organization ◯ Manufacturer
◯ CFP Sponsored ◯ Police Officer ◯ Museum ◯ Public Agent

D - Applicant's Signature

Applicant's Signature	Date (yyyy-mm-dd)

To inform us of any changes, for any questions or if you need help completing this form, please call 1 800 731-4000 extension 1052.
Once completed, please fax to: 1 877 699-4928; send via email to: verifiers.network@rcmp-grc.gc.ca;
or mail to: RCMP, CFP, Canadian Firearms Registry, Verifier's Network, Ottawa ON K1A 0R2

Information contained in this application is obtained under the authority of the *Firearms Act*. The information will be used to determine eligibility and to administer and enforce the firearms legislation. In addition to the provisions outlined in the *Firearms Act*, individual rights regarding personal information are governed by the applicable federal, provincial or territorial legislation relating to access to information and privacy.