

# CRIME PATROL SECURITY CLEARANCE



Note: A copy of Identification MUST be attached (eg Photo Driver Licence, Passport, Birth Certificate) and endorsed by a Police Officer or office holder in your Crime Patrol to verify original has been sighted.

Use DD/MM/YYYY

Gender	<input type="text"/>	Date of birth	<input type="text"/>
Place of birth	<input type="text"/>	Nationality	<input type="text"/>
Address	<input type="text"/>		
Drivers Licence	<input type="text"/>	Phone	<input type="text"/>
e-mail	<input type="text"/>		
Surname	<input type="text"/>	Maiden/ other name	<input type="text"/>
1 <sup>st</sup> name	<input type="text"/>	2 <sup>nd</sup> name	<input type="text"/>

I hereby give consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to the Police Liaison Officer of the Pohutukawa Coast Crime Watch Patrol. I understand that any record of criminal convictions will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signature of person giving consent:	Signature: <input type="text"/>	Date: <input type="text"/>
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Contact details of the Police Liaison Officer this form is to be returned to:	
Name:	QID:
Station:	Phone:
Submitted by Name:	Date:

Comments: this applicant is: ACCEPTABLE/NOT ACCEPTABLE Further local inquiry is recommended
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Date entered:

Date completed: