

TECHNICAL SERVICES DIVISION

APPLICATION FOR POLICE CERTIFICATE

| NAME: | | This side for CIB HQ use only | |
|---|----------------------------|---|--|
| First: Middle: Surname: | Maiden Name: | C.R.O.No.: | |
| Gender: Male Female | Date of Birth (dd/mm/yyyy) | Event of Register No: | |
| Place of Birth: | Contact No. | Classification | |
| Address: | Email Address | | |
| Nationality: | Occupation: | Reference | |
| Type of Identification (Passport, Driver's Licence, Electors I.D. Card) | Date & Place of Issue | Kelefelice | |
| Name and Address of Recipient Agency (Embassy, Consulate, Immigration Department, Employer, etc.) | | Authorised Person: Name: Signature | |
| I give my consent for the Jamaica Constabulary Force to take AND RETAIN my fingerprints so that they can be used to prevent and/or detect crime. I understand that they may be used for Speculative searches. | | This format should NOT be used for taking the fingerprints of prisoners | |
| Applicant's Signature | | | |