

### PERSONAL INFORMATION

<b>Applicant Name</b> (The Applicant that you are associated with that is applying for a licence, registration or approval.)

**1. Personal Information:**

Last Name	First	Middle
Date of Birth (YYYY/MM/DD)	Gender	Social Insurance Number / Social Security Number
List all aliases and name changes, legal or otherwise, including nicknames, maiden name and former married names, and note the date changed.		

**2. Current Addresses:**

Home Address			
City	Province/State	Postal/Zip Code	Country
Home Phone Number		Cell Phone Number	
E-mail Addresses (Work and Personal)			

3. If you reside outside of Canada, attach a current criminal record check (within the last 3 months) from your local police agency or a third-party vendor\* **and** a current credit check.  Does Not Apply

**Attachment #** \_\_\_\_\_

**\*NOTE:** A criminal record check from a third-party vendor should:

- a. be conducted by a provider that is nationally accredited by a professional association [i.e., Professional Background Screening Association (PBSA)];
- b. use Social Security Number (or similar identifier) and date of birth as unique identifiers;
- c. include multiple jurisdictions such as municipal, county, state and/or federal criminal record checks; and
- d. include date of order and issuance.

For inquiries regarding the collection of this information, or instructions on submitting the completed form electronically via SecureWeb, please contact Due Diligence at [duediligence@aglc.ca](mailto:duediligence@aglc.ca).

**DECLARATION AND UNDERTAKING**

I, \_\_\_\_\_  
(Print name)

**do solemnly declare that:**

1. I have prepared and verified all information contained in this Consent to Records Check (Consent).
2. I understand and read the English language, or I have had an interpreter read, explain and record the answer to each question on this Consent.
3. The information provided in this Consent is true, accurate and complete to the best of my knowledge, and all requested documentation has been provided.
4. Any document accompanying this Consent that is not an original document, is an accurate copy of the original document.
5. I have completed the Consent with the knowledge that it is an official document and that failure to disclose or provide complete and accurate information on any portion of the Consent may affect the eligibility of the Applicant for a licence, registration or approval.
6. I undertake to immediately inform AGLC of any changes to information or documents being provided and acknowledge that failure to inform AGLC of any change may affect the eligibility of the Applicant for a licence, registration or approval.
7. I acknowledge that all documents and information requested will be verified through an investigative process and further documents, information or clarification may be requested.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

**DATED at the city of \_\_\_\_\_ in the province/state of \_\_\_\_\_**

**this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
**\*Your Signature**

**CONSENT TO RELEASE INFORMATION****Your Name** \_\_\_\_\_

Alberta Gaming, Liquor and Cannabis (AGLC) is required to conduct background checks and collect information to determine the eligibility of entities, or key employees, seeking a licence, registration or approval pursuant to the *Gaming, Liquor and Cannabis Act*, R.S.A. 2000, c.G-1. This Consent to Release Information form (Consent) will allow AGLC to verify and investigate the information provided in this Consent. AGLC has the authority to collect personal information from third party sources per sections 34(1)(a)(i) and (ii) of the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c.F-25 (FOIP Act) pursuant to sections 9 and 9.1 of the Gaming, Liquor and Cannabis Regulation. AGLC is required under the FOIP Act to protect the confidentiality of information, and to use and disclose the information only for the purpose for which it was collected.

1. I authorize AGLC to verify all information provided by me in this Consent to Records Check and/or other information identified during the background investigation. The information is strictly for the use of AGLC and is intended to be used for the purpose of a background investigation pursuant to sections 9 and 9.1 of the Gaming, Liquor and Cannabis Regulation (GLCR).
2. I authorize the following entities to release to AGLC any documents, records or correspondence that are necessary in determining whether I may be a detriment to the integrity or lawful conduct of gaming, liquor or cannabis activities:
  - i. Canada Revenue Agency, or the United States Internal Revenue Service, or other equivalent foreign tax authorities; or
  - ii. financial institutions, foreign or domestic, including banks, credit unions, trust companies, investment dealers or brokerage houses; or
  - iii. credit reporting agencies, foreign or domestic; or
  - iv. law enforcement agencies, police services or sheriff's office, foreign or domestic; or
  - v. other regulatory, licensing or administrative bodies, foreign or domestic; or
  - vi. federal, provincial, state or municipal government, foreign or domestic.
3. I authorize AGLC to share as necessary with the entities listed above, the information I have provided and/or other information identified during the background investigation.
4. In the event there is a finding of unsuitability with respect to the investigation, I authorize AGLC to share as necessary, the information provided and/or information identified during the background investigation with parties related to this Application including, but not limited to, the Applicant seeking a licence, registration or approval, as well as any hearing panel of AGLC.
5. I authorize AGLC to conduct ongoing investigations including, but not limited to, checks for outstanding criminal charges, criminal records, police intelligence and credit checks.
6. This authorization shall be in effect for the duration of the licence, registration or approval granted by AGLC.

7. I acknowledge that additional consent may be required for the collection of information from the entities listed above, and agree to cooperate and provide any further consent as may be required throughout the background investigation.
8. I acknowledge that I shall not be entitled to make any claim against a party to whom this Consent is presented in respect of the release of information or documents in good faith to AGLC.
9. I authorize a reproduction of this request to be treated as the original.

Your Signature: \* \_\_\_\_\_

Date: \_\_\_\_\_

***\*AGLC only accepts handwritten signatures, and digital signatures using a digital ID. A digital ID proves your identity and contains your name and email address, the name of the organization that issued it, a serial number, and an expiration date.***