



To Serve and Protect
Royal Turks and Caicos Islands Police Force
Certificate of Character

Serial Number: **ncib03ol/2017**

APPLICATION FOR A POLICE RECORD

Date Applied: ____/____/____

*All applicants must fully complete this form to ensure that the correct information is recorded
On Certificate of Character (Police Record) **(PLEASE PRINT ALL INFORMATION)***

Last Name: _____ First Name: _____ Middle Initial: _____
(Please Print)

Have you change your name through Marriage or Deed Poll? Yes () No () If yes Print Name

Previous Name: Last: _____ First: _____ Middle Initial: _____

Gender: (M/F) Date of Birth ____/____/____ Country of Birth: _____
Day Month Year

Current Full Address: _____

Previous Address before Arrival: _____

Method of Transport Air () or Sea () Date of Arrival: ____/____/____

Passport Number: _____ Issued Date: ____/____/____ Expiry Date: ____/____/____

Legal Status Number: _____ Issued Date: ____/____/____ Expiry Date: ____/____/____

Occupation: _____ Place of Employment: _____

Please note that ALL applicants (including Turks and Caicos Islanders) MUST have resided within the Turks and Caicos Islands for a period of six (6) months or more prior to applying for a Police Record.

Remarks (Reason for the Record) _____

THE INFORMATION I HAVE FURNISHED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT I MAY BE LIABLE TO PROSECUTION IF I HAVE WILLFULLY STATED ANYTHING FALSE OR MISLEADING.

Applicant's Signature: _____ Contact Number: _____

Checked and verified by Police Officer: _____