Proud Branch Of

ONTARIO HOCKEY FEDERATION

400 Sheldon Drive, Unit 9, Cambridge, Ontario N1T 2H9 T: 226 533.9070 F: 519 620.7476

[www.ohf.on.ca](http://www.ohf.on.ca/)

CRIMINAL OFFENCE DECLARATION

All sections with (\*) are a mandatory field

\*Print Name:

\*Date of Birth:

\*Month/Day/Year

\*Hockey Canada ID:

\*Telephone number:

\*Email Address:

\*Referee number:

Member: Clinic Location

Failure to execute this process will be in violation of the OHF Screening Policy, this will mean that the official will be considered to be not in good standing and may be subject to further discipline.

\*I, , hereby declare that:

**(Print Name)**

**I have no convictions for offences under the Criminal Code of Canada as specified in the OHF Screening Policy, up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act (Canada).**

**I have no convictions for offences in any other country, up to and including the date of this declaration for which a pardon has not been issued or granted.**

**I have no investigations or charges with any criminal matters.**

**OR**

I have the following convictions for offences under the Criminal Code of Canada as specified in the OHF Screening Policy for which a pardon under the Criminal Records Act (Canada) has not been issued or granted:

I have the following convictions for offences in another country for which a pardon has not been issued or granted:

**Supplementary Information, Including Outstanding Charges, Warrants and Order.**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **LOCATION** | **CHARGE** | **DISPOSITION** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Signature: Date:

 **Please forward completed signed form to your Respective League Administrator for forwarding to the Ontario Hockey Association for final review**

**Ontario Hockey Association**

 **Attention: Criminal Record Check Inspector**

**1600-A1 Industrial Blvd.**

**Cambridge, Ontario N3H 4W5**

**OHF Members**

      