



PERSONAL DISCLOSURE FORM

Mailing Address: BC Athletic Commissioner PO Box 9812 Stn Prov Govt Victoria, BC, Canada, V8W 9W1 Phone: 250-952-6735 (in Victoria)	Courier/Delivery Address: Office of the Athletic Commissioner 3rd Floor, 1803 Douglas Street Victoria, BC, Canada, V8T 5C3 Phone: 1-855-952-6760 (toll-free)
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INFORMATION AND INSTRUCTIONS:

Completion of this form is required as part of the application requirements for a Promoter or Matchmaker License or Event Permit under the *BC Athletic Commissioner Act* for:

- Any officer or director of a corporation that is applying for a license;
- Any principal of a business association that is applying for a license or permit;
- An individual who is applying for a license or permit; or

The information provided in this form is for the purpose of ensuring the integrity of the conduct and management of professional contests in the Province and to be used by the Commissioner to undertake background checks of participants in the sport. The information you provide and any information obtained will be held in confidence and only used for this purpose.

A. INDIVIDUAL PERSONAL INFORMATION:

Name:	Surname	First Name	Middle Name		
Former Names/ Aliases:	Surname	Legal First Name	Legal Middle Name(s)	Date of Change (yyyy-mm-dd)	
Address:	Street	City	Province/State	Country	Postal Code/ZIP
Mailing Address (if different than above)	Street	City	Province/State	Country	Postal Code/ZIP
Telephone:	Home (xxx-xxx-xxxx)		Work (xxx-xxx-xxxx)		Other (xxx-xxx-xxxx)
Email Address:					
Date of Birth:	(yyyy-mm-dd)		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Are you a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			Citizenship:		

B DISCLOSURE:

1.	In the last 5 years have you been charged or convicted of a criminal offense in any jurisdiction? If yes, provide details. Use separate sheet if necessary:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you been a defendant in a civil action related to deceit, misrepresentation or similar conduct? If yes, please provide the date, case number and jurisdiction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have you ever been denied a license, permit or authorization or had a license, permit or authorization suspended or cancelled or been subject to investigation or disciplinary action related to the sport of boxing or MMA in BC or another jurisdiction? If yes, provide details. Use separate sheet if necessary:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Are you an undischarged bankrupt? If yes, provide details. Use separate sheet if necessary:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Are you an officer or director of a corporation that is an undischarged bankrupt? If yes, provide details. Use separate sheet if necessary:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. CONSENT TO COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION:

I, _____ (print your legal name in full) hereby authorize:			
<ul style="list-style-type: none"> • The Commissioner or his or her delegate to confirm the information provided. I understand that the Commissioner or delegate is required to protect the confidentiality and privacy of the personal information provided in accordance with the <i>Freedom of Information and Protection of Privacy Act</i> (British Columbia). • Any organization pursuant to section 6(2) of the <i>Personal Information Protection Act</i> (British Columbia) to disclose any personal information to the Commissioner or delegate in order for the Commissioner to conduct a background investigation in accordance with the <i>Athletic Commissioner Act</i>. 			
Signature:		Date:	(yyyy-mm-dd)

Your personal information is being collected by Commissioner or his or her delegate under sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*, for the purpose of processing licensing applications under the *Athletic Commissioner Act*. For questions regarding the collection of personal information please contact the BC Athletic Commissioner at 250-952-6735 (in Victoria) or 1-855-952-6760 (toll-free).

D. STATEMENT AND DECLARATION:

I certify that all of the information provided by me in this application is true to the best of my knowledge and belief. If necessary, I will provide my fingerprints to verify whether or not I have a criminal record.			
I understand that any false or inaccurate statements made by me in this application or failure to disclose may be deemed sufficient cause for rejection of an application by the Commissioner or his or her delegate.			
I understand that any false or inaccurate statements made in this application which may be revealed following the issuance of a license or permit could result in the suspension or cancellation of that license or permit.			
Signature:		Date:	(yyyy-mm-dd)

Office of the BC Athletic Commissioner Use Only

Background Review:	<input type="checkbox"/> CRC/PRC	<input type="checkbox"/> Commissioner Database	<input type="checkbox"/> Other Commissions and Public Bodies
Reviewer:		Date:	