

Schedule F
SECURITY CLEARANCE AUTHORIZATION FORM

Name (please print clearly): _____

Maiden Name: _____

Date of Birth: _____

Simpcw Band No.: _____

I hereby authorize the Simpcw to receive the Criminal Records Check from the Royal Canadian Mounted Police (RCMP) or any other police force to carry out a Criminal Records Check and provide the resulting information to the Electoral Officer.

I agree to pay for any fees for the said Criminal Records Check and agree to be fingerprinted if this is required to confirm the Criminal Records Check. Costs associated with the fingerprinting will also be at my expense (If the Criminal Record Check indicates that "record may or may not exist", fingerprinting is required to be completed to verify the Criminal Record Check).

I understand that if the fingerprints are required to verify the Criminal Records Check that it can take up to 90 days for results; and that it is/will be my responsibility to get this done well in advance of the date of the Nomination Meeting.

I understand that the results of the Criminal Records Check will be used by the Electoral Officer and the Appeals Committee to determine whether I am eligible to run as candidate for Kúkwi7 and/or TKwenem7i'ple7.

I agree to abide by the decision of the Electoral Officer and Appeals Committee on my candidacy and recognize their decision as final in accordance with the Elections Regulations.

Date

Signature

Witness