



ONTARIO HOCKEY FEDERATION

400 Sheldon Drive, Unit 9, Cambridge, Ontario N1T 2H9
T: 226 533.9070 F: 519 620.7476
www.ohf.on.ca

Proud Branch Of



CRIMINAL OFFENCE DECLARATION

Print Name: _____

Date of Birth: _____
Month/Day/Year

Telephone number: _____

Email Address: _____

Referee number: _____

Member Partner: _____ Clinic Location _____

Date: _____

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 offenses 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).

OR

I have the following convictions for offenses 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:

Supplementary Information, Including Outstanding Charge, Warrants and Order.

DATE	LOCATION	CHARGE	DISPOSITION

Signature: _____

Date: _____

Please complete and submit in a sealed envelope with your name printed on the front, and bring to the clinic that you are attending or if completing an on line clinic please mail to:

OHF Office
Attention: Criminal Record Check Inspector
400 Sheldon Drive, Unit 9
Cambridge, Ontario N1T 2H9

OHF Members

