OFFICAL USE ONLY

NO EXCLUSION STAFF IN CONFIDENCE

Commonwealth of Australia

CONSENT TO OBTAIN PERSONAL INFORMATION

(for categories where NO EXCLUSION has been granted from spent convictions)

I	HEREBY				
	(FULL NAME block letter and in ink)				
i)	acknowledge that I have read the General Information document provide with this Form and understand that I do not have to disclose old protected convictions information, which is describe under the heading Spent Convictions Scheme in the General Information document.				
ii)	certify that the personal information I have provided on both the front and back of this form relates to me and is correct:				
iii)	consent to the Regional Security Office of the United States Embassy, Canberra, Australia (Name of Organization Seeking information).				
iv)	forwarding this form to the Australian Federal Police and/or the Police Services of the States or Territories of the Commonwealth of Australia and providing relevant information to the above organization.				
v)	specify entitlement applied for employment access to United States Government restricted areas (eg. SES, ASO, Bus drivers, Insurance, Visa etc).				
vi)	consent to the AFP or other relevant Australian police forces(s) extracting from their records copies of traffic violations and criminal and/or traffic records relating to me pending before a Court and/or details and of convictions or findings of guilt which have been recorded against me an which are not covered be Part VIIC of the Crimes Act 1914 dealing with spent convictions.				
vii)	acknowledge that any information provided by me on this Form or by the police as a result of the records check may be taken into account by the organization mentioned in (iii) above in assessing my suitability to receive the entitlement.				
Signat	ture ———				
Date:					

Note: The information you provide on this form and which the police provide to this organization on receipt of the form, will be use only for the purpose signed above unless statutory obligation require otherwise.

		Personal Particu		
Surname		All other surname used		
Christian or give n	names	Sex		
Date of Birth	Town/City of Birth	State/country of birth		
Contact phone nu	mber	Drivers license Number State		
full details of prev	sidential Address Over Lastious address are unavailable detate e Attach list if insufficient room.		If actual dates are unavailable, Details of year of residence will suffice Period of residence	
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i. Are you the s ii. Do you have finding(s) of iii. Do you have or finding(s)	EAFFIC CAHRGE, CONVI subject of any traffic violation, criminal or any conviction(s) or finding(s) or guilt wh guilt which are less than 5 years old? any conviction(s) or finding(s) of guilt wh of guilt) where the sentence imposed wa YES to any of the above que	traffic charges(s) still pendir nich are less then ten (10) ye nich are over ten (10) years o s greater than thirty months	ng before a court? [ears old, or any juve up old (or five (5) years imprisonment?	Yes No nile convictions or fes No for juvenile conviction(s)
Please return the comp or money order and a si Australian Federal Po ocked Bag 1 Veston ACT 2611 YOUR	LIENT CODE leted application together with a cheque tamped self addressed envelope to: blice RETURN ADDRESS urrent address, write as above)	NOT R Note: As Fingerprints d	lice cannot guaran ed herewith conce ed.	L POLICE CORDED your request the atee in any manner that erns the individual in