

# STOLEN AUTO RECOVERY – INTERNET ACCESS AUTHORIZATION FORM

PLEASE PRINT CLEARLY

**SAME**  or **NEW**

Full Name of CCW / COP Group: \_\_\_\_\_

Town/City: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

**SAME**  or **NEW**

## Authorizing Police Officer – Download & Usage of SAR Files by a CCW / COP Group.

Rank: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

RCMP Detachment/Municipal Department Name: \_\_\_\_\_

Ph.#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Will be personally downloading SAR files for CCW/COP group ? Yes or No (Circle One)

I approve the following access request for the Stolen Auto Recovery Files. I confirm and understand that:

- An authorized Stolen Auto Recovery (SAR)/Citizens Crime Watch (CCW)/Citizens on Patrol (COP) group will be authorized with a user name and password.
- A group is deemed to be authorized only when they have their Authorizing Police Officer's permission to use the SAR Program. Any group wishing to download the files must provide their current Police Liaison Officer's name, contact phone number and e-mail address for verification.
- It will be up to each group's Authorizing Police Officer to decide if they will download the files themselves or appoint a volunteer designate from their SAR/CCW/COP group.
- All persons using or accessing SAR files have been security cleared by the police.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

## Person(s) identified & authorized by the above Authorizing Police Officer to access SAR File Download Website. (Complete if answer was No to above Download question).

**Designate #1** **SAME**  or **NEW**

**Designate #2** **SAME**  or **NEW**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Private E-mail: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Private E-mail: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

CCW/COP Volunteer: Yes or No (Circle One)

CCW/COP Volunteer: Yes or No (Circle One)

Employee: Yes or No (Circle One)

Employee: Yes or No (Circle One)

Completed SAR applications can be scanned/emailed or faxed.

Email SAR applications to: [stolen.auto.recovery@gmail.com](mailto:stolen.auto.recovery@gmail.com)

BCCPA (604) 501-2261 (Fax)