

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY Request for Information

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

Note: The information on this form is collected to administer the provisions of the BC Safety Standards Act and section 26 of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information & Privacy Analyst at 1 866 566 7233.

REQUESTER						
LAST NAME		FIRST NAME			MIDDLE NAME	
STREET, APARTMENT NO., P.O. BOX, R.R. NO.				CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
DAY PHONE NO. ()		ALTERNATE PHONE NO. ()		DAY FAX NO. ()		
DETAILS OF REQUESTED INFORMATION						
INFORMATION REQUESTED (PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.						
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? (IF SO, PLEASE ATTACH, AS APPROPRIATE: (A) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR (B) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF					<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Checking this box and submitting this form to Technical Safety BC via email constitutes your authorization. This has the same effect as submitting a handwritten signature.						
PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE <input type="checkbox"/> RECEIVE COPY		YOUR SIGNATURE			DATE SIGNED	
YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING. PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER <i>THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT</i> AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST. Technical Safety BC will respond to your request within 30 days of receipt.						
FOR INTERNAL USE ONLY						
REQUEST NO.		DATE RECEIVED		ASSIGNED TO		
SUMMARY OF STAFF TIME SPENT ON REQUEST						
LOCATE / RETRIEVE RECORDS	REVIEW RECORDS	SEVER RECORDS	COPY RECORDS	PREPARE RESPONSE PKG.	NAME(S)	TOTAL HOURS SPENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____	_____
CALCULATION OF FEE						
Total time spent :		_____ x \$ 30.00		\$ _____		
Less 1 st 3 hours for location/retrieval:		3 x \$ 30.00		\$ (90.00)		
Less sever time:		_____ x _____		\$ _____		
Copying charges:		_____ x _____		\$ _____		
Shipping charges (at cost):		_____		\$ _____		
TOTAL CHARGE				\$ _____		
Less deposit:				\$ (_____)		
TOTAL OWING				\$ _____		

Technical Safety BC is working towards going paperless! Participate by signing up for email correspondence.