



EMPIRE TRACING  
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RICHMOND, BC V6W 1J9  
TOLL FREE: 800-661-2800  
FAX: 800-480-5889  
info@empiretracing.com

# OFFICE USE ONLY

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E-MAIL THIS FORM WITH AS MUCH INFORMATION AS POSSIBLE TO  
INFO@EMPIRETRACING.COM OR FAX TO 1-800-480-5889.

WE ACCEPT FILES ON OUR NO FIND – NO FEE POLICY. YOUR ONLY OBLIGATION IS TO GIVE US AN EXCLUSIVE HANDLING PERIOD, ACCORDING TO THE SERVICE REQUESTED. EARLY CANCELLATIONS ARE SUBJECT TO A CANCELLATION CHARGE EQUAL TO ONE-HALF THE LISTING FEE. PLEASE BE ADVISED THAT WE CHARGE FOR CONFIRMATION OF INFORMATION. **Please see our full terms and conditions available on our fee schedule.**

<b>SUBJECT'S NAME</b>		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	SURNAME	FIRST NAME	SECOND NAME
SOCIAL INSURANCE NUMBER			BIRTHDATE		APPROX. AGE IF BIRTHDATE UNKNOWN	
			M	D	Y	
<b>LAST ADDRESS</b>				CITY	PROVINCE	POSTAL CODE
LAST DATE THAT ADDRESS WAS GOOD			CELL PHONE NUMBER		HOME PHONE NUMBER	
SUBJECT'S E-MAIL ADDRESS						
PREVIOUS ADDRESS					DATE PREVIOUS ADDRESS WAS GOOD	
<b>LAST EMPLOYER (IF EMPLOYER UNKNOWN, PROVIDE OCCUPATION) &amp; ADDRESS</b>					TELEPHONE	
PREVIOUS EMPLOYER & ADDRESS					TELEPHONE	
<b>SUBJECT'S SPOUSE</b>		SEP <input type="checkbox"/>	DIV <input type="checkbox"/>	MAR <input type="checkbox"/>	SURNAME	FIRST NAME
						SECOND NAME
SPOUSE'S SIN			BIRTHDATE		APPROX. AGE IF BIRTHDATE UNKNOWN	
			M	D	Y	
SUBJECT'S DRIVERS LICENCE		PROVINCE ISSUED		SUBJECT'S VEHICLE (YEAR, MAKE, MODEL)		LICENCE PLATE NO. & PROVINCE ISSUED
NAME AND ADDRESSES OF FRIENDS, RELATIVES, OR REFERENCES					TELEPHONE	
					TELEPHONE	
					TELEPHONE	
<b>SERVICE REQUESTED</b>		REGULAR (90 DAYS OR LESS)		PRIORITY (30 DAYS OR LESS)		IMMEDIATE (2 DAYS OR LESS)
		STANDARD (60 DAYS OR LESS)		RUSH (10 DAYS OR LESS)		OTHER (QUOTE REQUIRED)
ADDITIONAL INFORMATION				PLEASE PROVIDE POLICE REPORT AND/OR CREDIT REPORT IF AVAILABLE		
BRIEF EXPLANATION AS TO WHY TRACE IS REQUIRED					IS IT OK TO ADVISE SUBJECT?	
					YES <input type="checkbox"/> NO <input type="checkbox"/>	

SUBMITTED BY (YOUR NAME)		DATE	TELEPHONE	FILE REFERENCE
FIRM NAME		EMAIL ADDRESS		
ADDRESS		AUTHORIZED SIGNATURE		
CITY, PROVINCE, POSTAL CODE				