EMPIRE TRACING
P.O. BOX 23717
VANCOUVER, BC V7B 1X8
TEL: (604) 214-9866
TOLL FREE: (800) 661-2800
FAX: (800) 480-5889

OFFICE USE ONLY

FOR IMMEDIATE ACTION FAX THIS FORM WITH AS MUCH INFORMATION AS POSSIBLE 800-480-5889

WE ACCEPT ALL FILES ON OUR "WE TRACK THEM DOWN, OR YOU DON'T PAY" POLICY, YOUR ONLY OBLIGATION IS TO GIVE US AN EXCLUSIVE 3 MONTH HANDLING PERIOD, EARLY CANCELLATIONS ARE SUBJECT TO A CANCELLATION CHARGE EQUAL TO ONE-HALF OUR NORMAL FEE (UNLESS ARRANGEMENTS ARE MADE AT THE TIME OF LISTING.

☐ PLEASE INDICATE ADDITIONAL LOCATE REQUEST FORMS NEEDED. _____ NO. REQ'D

PLEASE ACCEPT THE FOLLOWING FOR TRACING

SUBJECT'S NAME MR ☐ MRS ☐ MS ☐ | SURNAME | 1st NAME | 2nd NAME or INITIAL

SOCIAL INSURANCE NUMBER | BIRTHDATE | M | D | Y | APPROXIMATE AGE IF BIRTHDATE UNKNOWN

LAST ADDRESS | PROVINCE | POSTAL CODE

GIVE DATE THAT LAST ADDRESS WAS GOOD (AS CLOSE AS POSSIBLE) | TELEPHONE

PREVIOUS ADDRESS | DATE PREVIOUS ADDRESS GOOD

LAST EMPLOYER & ADDRESS | IF EMPLOYER NAME UNKNOWN GIVE OCCUPATION | SUBJECT'S DUTIES OR JOB DESCRIPTION | TELEPHONE

PREVIOUS EMPLOYER & ADDRESS | TELEPHONE

SUBJECT'S SPOUSE ☐ DIV ☐ SEP | SURNAME | 1st NAME | 2nd NAME or INITIAL

SOCIAL INSURANCE NUMBER | BIRTHDATE | M | D | Y | APPROXIMATE AGE IF BIRTHDATE UNKNOWN

ADDRESS IF DIFFERENT FROM SUBJECT ABOVE | TELEPHONE

SUBJECT'S SPOUSE'S LAST EMPLOYER & ADDRESS | IF EMPLOYER NAME UNKNOWN GIVE OCCUPATION | SUBJECT'S DUTIES OR JOB DESCRIPTION | TELEPHONE

SUBJECT'S DRIVER'S LICENSE NO. | PROVINCE ISSUED | SUBJECT'S MOTOR VEHICLE | (YEAR, MAKE, MODEL) | LICENSE PLATE NO.

NAME AND ADDRESSES OF FRIENDS OR RELATIVES | TELEPHONE

TELEPHONE

TELEPHONE

BUSINESS OR CREDIT REFERENCES

OTHER INFORMATION

GIVE BRIEF EXPLANTION WHY TRACE IS REQUIRED (IF MOTOR VEHICLE ACCIDENT PLEASE INCLUDE COPY OF POLICE REPORT)

IS IT O.K. TO ADVISE SUBJECT YOU ARE LOOKING? ☐ YES ☐ NO

SUBMITTED BY (YOUR NAME) | TEL. | FAX

FIRM NAME | YOUR FILE REFERENCE

ADDRESS | DATE | AUTHORIZED SIGNATURE

CITY | PROVINCE | POSTAL CODE

WORLD-WIDE SERVICE SINCE 1967