



Pursuant to the provisions of Section 53 of the Police Services Act, the appointment of _____
as a special constable for the purpose of:

law enforcement within the City of Ottawa in co-operation with Ottawa Police Service including; responding to and investigating activity that may violate federal or provincial legislation; taking statements from victims, witnesses, and suspects; gathering and preserving evidence; laying informations; apprehending, arresting and releasing offenders; executing warrants and transporting prisoners.

is hereby approved in

☐ the Province of Ontario OR ☒ the Municipality of

Specifics of Area
City of Ottawa

☒ Sponsoring Police Service

Ottawa Police Service

☒ Name of Employer

Royal Canadian Mounted Police

and the appointee has, for the purpose of this appointment:

- the status of peace officer; and
- police officer powers as contained in the following legislation:

Highway Traffic Act

☒ Yes ☐ No

Liquor Licence Act

☒ Yes ☐ No

Mental Health Act

☐ Yes ☐ No

Motorized Snow Vehicles Act

☐ Yes ☐ No

Trespass to Property Act

☐ Yes ☐ No

Youth Criminal Justice Act

☐ Yes ☒ No

Other (please specify):

☐ Yes ☐ No

Compulsory Automobile Insurance Act, R.S.O. 1990 c.C.25

subject to the following restrictions/conditions:

- ☐ This appointment does not permit the carriage of a prohibited weapon - (e.g. Oleoresin Capsicum Spray)
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This appointment is valid until the earliest of:

- 1) 07-Jan-23 or 2) the date at which the appointee ceases to perform the duties outlined above; or 3) the appointee is no longer in the employ of the Royal Canadian Mounted Police

Approval has been granted by the Director of External Relations Branch exercising the powers of the Solicitor General pursuant to delegated authority

on

January 8, 2018

Morgan Terry, Manager
Operations Unit, External Relations Branch
Public Safety Division

Ministry of Community Safety and Correctional Services

Appointed on

(date of appointment)

at

(place of appointment)

Commissioner, O.P.P.

OR

Chair (or designee), Police Services Board (Signature)

Name (Please Print)

Date of Signature