



Security Screening Application and Consent Form

This form is to be used to apply for a security screening status or clearance. Please read the following information carefully and complete only the sections required for the required type of status or clearance as indicated on page 4 of this application form.

Notice on collecting information and privacy

The Government of Canada uses this form to collect personal information so that it can conduct security screening verifications, inquiries and assessments. The personal information is collected:

- under the authority of subsection 7(1) of the *Financial Administration Act*
- in accordance with the Government of Canada's *Policy on Government Security and Standard on Security Screening*
- in accordance with the provisions of the *Privacy Act*

Personal information is protected under the provisions of the *Privacy Act*.

Security screening may also be necessary for individuals who are not employees of the Government of Canada and may require security screening when the Government of Canada determines that there is a need to share or provide access to sensitive or classified information, assets or facilities. Such access may be provided through arrangements such as, but not limited to, the following:

- contracts
- assignments
- information-sharing agreements
- volunteering

If you do not provide the necessary information, the security screening process will be cancelled. An incomplete form will not be processed and will be returned to you.

Modifying an existing status or clearance

The information collected may also be used to update, upgrade, transfer or review for cause your security status or security clearance. The information will be disclosed to the Royal Canadian Mounted Police (RCMP) and to the Canadian Security Intelligence Service (CSIS) as necessary so that, in accordance with the [Standard on Security Screening](#) and/or the mandated responsibilities of the RCMP and CSIS, security screening inquiries, verifications and assessments can be conducted.

Disclosure of other information

The information collected may also be disclosed to:

- other entities outside the Government of Canada, such as credit bureaus
- Government of Canada institutions (for example, when an individual temporarily or permanently transfers to a position in another Government of Canada institution)
- law enforcement agencies

The personal information collected for security screening is described in Standard Personal Information Bank (PIB) PSU 917 (Personnel Security Screening), which is used by most Government of Canada institutions. Personal information for Canadian industry personnel is described in Public Services and Procurement Canada (PSPC) PIB PWGSC PPU 015 (Industry Personnel Clearance and Reliability Records). The information collected and retained by CSIS for security screening is described in CSIS PPU 005 and SIS PPE 815.

Collection of additional information

The Government of Canada may need to collect additional personal information during the security screening process to conduct inquiries, verifications and assessments. Additional information may be collected:

- to resolve doubt
- when there is a lack of sufficient Canadian residency to verify identity or biographical information

Such additional personal information may be obtained from:

- you (the applicant)
- foreign governments
- non-government entities

The additional information may include, but not be limited to, the following:

- your facial image
- letters of reference or other evidence to validate time spent abroad
- copies of academic credentials, professional designations and/or letters of reference
- information related to your identity, including your citizenship and criminal records (such as criminal record checks from foreign law enforcement organizations)

Access to personal information under the *Privacy Act*

You may exercise your rights under the [Privacy Act](#) to access, correct or update your personal information. Consult [Information about programs and information holdings](#) (formerly known as Info Source) for:

- a detailed description of the personal information banks
- instructions on how to make a formal request for your personal information

Decisions about status or clearance

The information collected on this form and the results of the security screening process will be used to support one of the following decisions about your reliability status or security clearance:

- grant or maintain the status or clearance
- grant or maintain the status or clearance with a waiver
- deny the status or clearance
- revoke the status or clearance

| | | |
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| Surname | Given name | Date of birth (yyyy-mm-dd) |
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The decision will be recorded under "Record of decision" in section A of this form. For all applicants, except contractors, this decision will be made by the institution concerned. For contractors, the decision may be made by one of the following:

- the institution concerned when it is the contracting authority
- PSPC, in consultation with the institution concerned, in either of the following circumstances:
 - when PSPC is the contracting authority
 - when PSPC is providing security screening services to Government of Canada institutions within the context of contracting

Institutions that are not part of the Government of Canada do not have the authority to grant, deny, revoke, suspend or downgrade for cause a Government of Canada security screening status or clearance.

Information provided must be complete, adequate and accurate

To make a security screening decision, the Government of Canada needs to have adequate and complete information. Therefore, you must:

- fully disclose the information and documentation requested in the security screening application and consent form
- certify that the information and documentation are complete and accurate to the best of your knowledge and belief

The Government of Canada will take all reasonable measures to ensure that the personal information used for decision-making is as accurate, up to date and complete as possible. Such measures could involve one or more of the following:

- collecting the information from you or validating it directly with you
- using technology to identify errors and discrepancies
- collecting or validating the information indirectly, which may involve matching the personal information that you provided against authoritative records, including, but not limited to, the following:
 - those that pertain to your birth, immigration status and citizenship
 - your permits and licences
 - your credit report and criminal record from a jurisdictional or public authority

Applicant's declaration of understanding

I understand that if I provide misleading and/or incomplete information, my security screening application may be denied or the security screening process may be cancelled.

I understand that if it is determined that I provided incorrect information or withheld information on this application form, my reliability status and/or security clearance may be denied or a review for cause of my reliability status and/or security clearance may be initiated. A denial or review for cause may result in:

- my not being considered for appointment to a position in the Government of Canada
- the termination of my employment
- the termination of my contract
- other measures in accordance with relevant legislation, policies or arrangements

I understand that, in all cases, I must be officially granted the required type and level of security screening before I can be:

- assigned to a position
- assigned duties
- granted access to sensitive information, assets or facilities

I understand that:

- my security screening file will be retained for at least 2 years after my departure from the federal public service
- if my security screening is denied or revoked, my security screening file will be retained for at least 10 years after my departure from the federal public service

Applicant's declaration of consent

I affirm that:

- I have fully disclosed the information and documentation requested in this security screening application and consent form
- this form is complete, truthful and accurate to the best of my knowledge and belief

I consent to the use and disclosure of the personal information that has been collected in this form, and any additional information that may be collected during the security screening process, for the purposes of obtaining, revoking, updating, upgrading or reviewing for cause a reliability status and/or security clearance pursuant to the *Policy on Government Security* and the *Standard on Security Screening*.

In order to enable an assessment of my trustworthiness, my reliability, my loyalty to Canada and my reliability as it relates to my loyalty, with regard to any information and documentation provided by me in support of this security screening application, I consent to the use of this personal information by and its disclosure to:

- any authorized Government of Canada security screening official
- the RCMP, law enforcement agencies and police forces
- CSIS
- other entities, such as credit bureaus, that are internal or external to the Government of Canada

Without limiting the generality of the foregoing, my consent includes such personal information as my:

- name
- date of birth
- immigration and citizenship status in Canada
- residential history
- employment history
- educational credentials or professional designations
- fingerprints and facial image for identification purposes (as applicable)

Information about my spouse and any former spouses, relatives, roommates and cohabitants may also be shared with the RCMP, CSIS, or other law enforcement agencies and police forces when necessary to assess my reliability, my loyalty to Canada and my reliability as it relates to my loyalty.

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| Surname | Given name | Date of birth (yyyy-mm-dd) |
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For the purpose of the security screening process, including any update, upgrade or investigation related to my security screening, I authorize any and all persons or organizations, including public, non-public, para-public, private or governmental institutions that have information about me, to release such information to the Government of Canada upon request. Information may be collected from sources such as:

- a previous employer or identified referee
- educational institution(s) that I have attended
- professional organizations that I belong to
- credit reporting agencies

I further authorize law enforcement agencies or police forces to check and release to the Government of Canada or the RCMP any other information about me contained in any accessible records and databases under their control as described in the *Standard on Security Screening*. This information may include my:

- criminal history
- charges
- court orders

I understand that this consent also authorizes law enforcement agencies and/or police forces to release to the Government of Canada or the RCMP any information about me or my associations to enable an assessment of my trustworthiness and reliability. I therefore give the RCMP permission to release to the Government of Canada, in whole or in part, the information it has collected about me in relation to the security screening level that this position requires.

This consent also applies if I permanently separate as an employee of the Government of Canada and subsequently register as a supplier or private sector contractor with PSPC within the retention period identified in PIB PSU 917 ([Personnel Security Screening](#)).

This consent will remain valid for conducting verifications, inquiries, assessments and investigations, including any subsequent verifications that are required as part of an update, upgrade or review for cause, until one of the following applies:

- I no longer require reliability status, security clearance, site access status or site access clearance
- I am no longer an employee of the Government of Canada
- the arrangement that requires me to have access to sensitive information is no longer in effect
- I revoke my consent to an authorized institutional security screening official using the appropriate electronic or written means

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|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
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Consent and verification

1. Check the box to the left of the level of security status or clearance that you are applying for.
2. Follow the instructions to the right of the level requested.
3. Contact your hiring manager if you are not sure of the level that you must apply for.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Site access status <input type="checkbox"/> Reliability status | <ul style="list-style-type: none"> • For site access status: Check boxes 1 to 4 • For Reliability status: Check boxes 1 to 5 • In the space to the right of those boxes, write your initials • Complete sections B to G of the form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Enhanced reliability status <input type="checkbox"/> Site access status with additional inquiries | <ul style="list-style-type: none"> • Check boxes 1 to 8 • In the space to the right of those boxes, write your initials • Complete sections B to J of the form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Site access clearance <input type="checkbox"/> Secret security clearance | <ul style="list-style-type: none"> • For Site access clearance: Check boxes 1 to 4 and 9 • For Secret security clearance: Check boxes 1 to 5 and 9 • In the space to the right of those boxes, write your initials • Complete sections B to K of the form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Enhanced reliability status with secret security clearance | <ul style="list-style-type: none"> • Check boxes 1 to 9 • In the space to the right of those boxes, write your initials • Complete sections B to K of the form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Top secret security clearance | <ul style="list-style-type: none"> • Check boxes 1 to 5 and 9 to 11 • In the space to the right of those boxes, write your initials • Complete sections B to N of the form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Enhanced reliability status with top secret security clearance | <ul style="list-style-type: none"> • Check boxes 1 to 11 • In the space to the right of those boxes, write your initials • Complete sections B to N of the form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Enhanced top secret security clearance | <ul style="list-style-type: none"> • Check all boxes • In the space to the right of those boxes, write your initials • Complete sections B to N of the form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Site access clearance with additional inquiries | <p>If the boxes below have not been checked for you, contact your institutional official to confirm which boxes need to be checked. If the boxes have been checked by the institutional official:</p> <ul style="list-style-type: none"> • write your initials in the space to the right of each checked box • complete sections B to N of the form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List of verifications, assessments and inquiries | <table border="1"> <tr> <td>Applicant's initials</td> <td colspan="3">I, the delegated <input type="checkbox"/> hiring official or <input type="checkbox"/> security official, confirm that I have performed the following verifications.</td> </tr> <tr> <td></td> <td>Name</td> <td>Initials</td> <td>Telephone no.</td> </tr> <tr> <td>1</td> <td><input type="checkbox"/> Verification of identity and background</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/> Verification of educational and professional credentials</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td><input type="checkbox"/> Verifications of personal and professional references</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="3">I, the delegated security official, confirm that I have performed the following verifications, assessments and inquiries.</td> </tr> <tr> <td></td> <td>Name</td> <td>Initials</td> <td>Telephone no.</td> </tr> <tr> <td>4</td> <td><input type="checkbox"/> Law enforcement inquiry (criminal record check)</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td><input type="checkbox"/> Financial inquiry (credit check)</td> <td></td> <td></td> </tr> <tr> <td>6</td> <td><input type="checkbox"/> Law enforcement record check</td> <td></td> <td></td> </tr> <tr> <td>7</td> <td><input type="checkbox"/> Security questionnaire and/or security interview</td> <td></td> <td></td> </tr> <tr> <td>8</td> <td><input type="checkbox"/> Open source inquiry</td> <td></td> <td></td> </tr> <tr> <td>9</td> <td><input type="checkbox"/> CSIS security assessment</td> <td></td> <td></td> </tr> <tr> <td>10</td> <td><input type="checkbox"/> Foreign assets</td> <td></td> <td></td> </tr> <tr> <td>11</td> <td><input type="checkbox"/> Military service</td> <td></td> <td></td> </tr> <tr> <td>12</td> <td><input type="checkbox"/> Polygraph examinations</td> <td></td> <td></td> </tr> </table> | Applicant's initials | I, the delegated <input type="checkbox"/> hiring official or <input type="checkbox"/> security official, confirm that I have performed the following verifications. | | | | Name | Initials | Telephone no. | 1 | <input type="checkbox"/> Verification of identity and background | | | 2 | <input type="checkbox"/> Verification of educational and professional credentials | | | 3 | <input type="checkbox"/> Verifications of personal and professional references | | | | I, the delegated security official, confirm that I have performed the following verifications, assessments and inquiries. | | | | Name | Initials | Telephone no. | 4 | <input type="checkbox"/> Law enforcement inquiry (criminal record check) | | | 5 | <input type="checkbox"/> Financial inquiry (credit check) | | | 6 | <input type="checkbox"/> Law enforcement record check | | | 7 | <input type="checkbox"/> Security questionnaire and/or security interview | | | 8 | <input type="checkbox"/> Open source inquiry | | | 9 | <input type="checkbox"/> CSIS security assessment | | | 10 | <input type="checkbox"/> Foreign assets | | | 11 | <input type="checkbox"/> Military service | | | 12 | <input type="checkbox"/> Polygraph examinations | | |
| Applicant's initials | I, the delegated <input type="checkbox"/> hiring official or <input type="checkbox"/> security official, confirm that I have performed the following verifications. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name | Initials | Telephone no. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | <input type="checkbox"/> Verification of identity and background | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | <input type="checkbox"/> Verification of educational and professional credentials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | <input type="checkbox"/> Verifications of personal and professional references | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | I, the delegated security official, confirm that I have performed the following verifications, assessments and inquiries. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name | Initials | Telephone no. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | <input type="checkbox"/> Law enforcement inquiry (criminal record check) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | <input type="checkbox"/> Financial inquiry (credit check) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | <input type="checkbox"/> Law enforcement record check | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | <input type="checkbox"/> Security questionnaire and/or security interview | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | <input type="checkbox"/> Open source inquiry | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | <input type="checkbox"/> CSIS security assessment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | <input type="checkbox"/> Foreign assets | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | <input type="checkbox"/> Military service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | <input type="checkbox"/> Polygraph examinations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

You may give your consent only if you have reached the age of 18. If you are under 18, your parent or guardian must give consent.

| | | |
|---|---|--------------------------|
| Applicant's name in block letters | Applicant's signature | Date (yyyy-mm-dd) |
| | | |
| Parent's or guardian's name in block letters | Parent's or guardian's signature | Date (yyyy-mm-dd) |
| | | |

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| Surname | Given name | Date of birth (yyyy-mm-dd) |
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[A] Administrative information

The designated institutional official will complete this section.

[A1] Information about the appointment, assignment or contract

| | | | | | | | |
|---|-------------------------------|---|-----------------------------------|---|--|---------------------------------|------------------------------------|
| <input type="checkbox"/> Indeterminate | <input type="checkbox"/> Term | <input type="checkbox"/> Reserves | <input type="checkbox"/> Contract | <input type="checkbox"/> Assignment | <input type="checkbox"/> Student | <input type="checkbox"/> Casual | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Information-sharing agreement Specify | | <input type="checkbox"/> Other Specify | | If this application is not for an indeterminate position or a position in the Canadian Army regular force or primary reserve, indicate the anticipated duration of the appointment, contract or assignment. From (yyyy-mm-dd) To (yyyy-mm-dd) | | | |
| Position, competition or contract no. | Title | | | Group, level or rank | Employee ID, personal record identifier (PRI) or service no. | | |
| Hiring official or company security official's name | | | Work telephone no. | Work email | | | |

[A2] For security office use only: The institutional official who has delegated authority to render a security screening decision must complete this section.

| | | | | | |
|------------------------------|--|---|--|--|--|
| Reference no. | Department or organization no. | | File no. | | |
| <input type="checkbox"/> New | <input type="checkbox"/> Update Last screened (yyyy-mm-dd) | <input type="checkbox"/> Upgrade Last screened (yyyy-mm-dd) | <input type="checkbox"/> Transfer Last screened (yyyy-mm-dd) | <input type="checkbox"/> Supplemental Last screened (yyyy-mm-dd) | <input type="checkbox"/> Reactivation Last screened (yyyy-mm-dd) |

[A3] Record of decision: The institutional official who has delegated authority to render a security screening decision must complete this section.

I, the undersigned, as the delegated official, approve / do not approve the required level of security screening.

| | | |
|--|---|--|
| <input type="checkbox"/> Reliability status | <input type="checkbox"/> Enhanced reliability status | <input type="checkbox"/> Site access status |
| <input type="checkbox"/> Secret security clearance | <input type="checkbox"/> Enhanced reliability status with secret security clearance | <input type="checkbox"/> Site access status with additional inquiries |
| <input type="checkbox"/> Top secret security clearance | <input type="checkbox"/> Enhanced reliability status with top secret security clearance | <input type="checkbox"/> Site access clearance |
| | <input type="checkbox"/> Enhanced top secret security clearance | <input type="checkbox"/> Site access clearance with additional inquiries |

Name and title of security official

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

[A4] Rationale and details of the decision: A rationale and supporting details are required when a security screening is granted with waiver, denied, revoked, or administratively cancelled or when site access status or clearance is granted with additional inquiries.

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| Surname | Given name | Date of birth (yyyy-mm-dd) |
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[B] Background information

All applicants must complete this section.

[B1] Legal name and contact information

| | | | |
|---|--|--|--|
| Surname | All official given names (no initials) | Commonly used given name or nickname | |
| Full legal name at birth (if different from current name) | | <input type="checkbox"/> Same as current name | |
| Surname | Given name(s) (no initials) | | |
| Nickname(s) or alias(es) (also known as) | Date of birth (yyyy-mm-dd) | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other | Preferred official language <input type="checkbox"/> English <input type="checkbox"/> French |
| Daytime telephone no. | Personal email(s) | | |
| Evening telephone no. | Work email(s) | | |

[B2] All previous legal names

In addition to the names listed above, do you have any additional legal names? Yes No

If the space provided is insufficient, attach an additional sheet and provide all the requested information.

| | | | | |
|----------|---|------------------------------------|------------------------|---------|
| 1 | Previous surname | Previous given name(s) | | |
| | When did you use this name? From (yyyy-mm-dd) To (yyyy-mm-dd) | Location of change City or town | Province or equivalent | Country |
| | Was this name change recognized by a legal or governmental authority? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for change | | |
| 2 | Previous surname | Previous given name(s) | | |
| | When did you use this name? From (yyyy-mm-dd) To (yyyy-mm-dd) | Location of change City or town | Province or equivalent | Country |
| | Was this name change recognized by a legal or governmental authority? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reason for change | | |

[B3] Citizenship(s)

| | | |
|--|--|---------|
| Place of birth City or town | Province or equivalent | Country |
| Are you a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, what citizenship do you hold? | |
| Do you hold multiple citizenships? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list the country or countries that have granted you citizenship. | |

[B4] For applicants born outside of Canada

| | | |
|---|---|---|
| Date of entry into Canada (yyyy-mm-dd) | Are you a naturalized Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide the following: Certificate no. Date of issue (yyyy-mm-dd) |
| If you are not naturalized, have you applied for Canadian citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, indicate whether you have: <input type="checkbox"/> Permanent resident status <input type="checkbox"/> Refugee status <input type="checkbox"/> A certificate or registration of birth abroad If applicable, attach a copy of your permanent resident status, landed documentation or refugee status to this form. If you were born abroad but have Canadian parents, attach a copy of your certificate or registration of birth abroad to this form. | |
| If you are not naturalized and you have not applied for Canadian citizenship, what is your status in Canada? <input type="checkbox"/> Work permit <input type="checkbox"/> Study permit <input type="checkbox"/> Protected person status <input type="checkbox"/> Visitor Visa <input type="checkbox"/> Other: | | |
| Attach copies of the documents that support your status declaration to this form. | | |

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| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
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| [B5] Have you previously applied for or received a security screening? | | | | |
|--|---|---|------|-----------------------------|
| Have you previously applied for a security status and/or clearance with: <ul style="list-style-type: none"> • a Government of Canada institution • a foreign government • an international body (such as NATO.) <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide the name of the Government of Canada institution, the foreign government or the international body, the year, and the level of security screening that was required in your most recent application. <table border="1"> <tr> <td>Institution, foreign government or international body</td> <td>Year</td> <td>Level of security screening</td> </tr> </table> | Institution, foreign government or international body | Year | Level of security screening |
| Institution, foreign government or international body | Year | Level of security screening | | |
| Have you ever been granted a reliability status and/or security clearance by: <ul style="list-style-type: none"> • a Government of Canada institution • a foreign government • an international body (such as NATO) <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide the name of the Government of Canada institution, the foreign government or the international body, the year, and the level of your most recently granted security screening. <table border="1"> <tr> <td>Institution, foreign government or international body</td> <td>Year</td> <td>Level of security screening</td> </tr> </table> | Institution, foreign government or international body | Year | Level of security screening |
| Institution, foreign government or international body | Year | Level of security screening | | |
| Has your security screening ever been revoked or cancelled by: <ul style="list-style-type: none"> • a Government of Canada institution • a foreign government • an international body (such as NATO) <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide the name of the Government of Canada institution, the foreign government or the international body, the year, and an explanation. <table border="1"> <tr> <td>Institution, foreign government or international body</td> <td>Year</td> <td>Explanation</td> </tr> </table> | Institution, foreign government or international body | Year | Explanation |
| Institution, foreign government or international body | Year | Explanation | | |
| Have you ever been denied a reliability status or security clearance by: <ul style="list-style-type: none"> • a Government of Canada institution • a foreign government • an international body (such as NATO) <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, provide the name of the Government of Canada institution, the foreign government or the international body, the year, and an explanation. <table border="1"> <tr> <td>Institution, foreign government or international body</td> <td>Year</td> <td>Explanation</td> </tr> </table> | Institution, foreign government or international body | Year | Explanation |
| Institution, foreign government or international body | Year | Explanation | | |

| [C] Residence | | | | | |
|--|---|--|---|--|---------------|
| All applicants must complete this section. Ensure that there are no gaps in the dates that you provide below. | | | | | |
| For reliability status, enhanced reliability status, site access status and site access status with additional inquiries , list all (including temporary) addresses where you have lived in the last 5 years , beginning with your current address. | | | | | |
| For secret security clearance, enhanced reliability status with secret security clearance, top secret security clearance, enhanced reliability status with top secret security clearance, enhanced top secret security clearance, site access clearance and site access clearance with additional inquiries , list all (including temporary) addresses where you have lived in the last 10 years , beginning with your current address. | | | | | |
| If the space provided is insufficient, attach an additional sheet and provide all the requested information. | | | | | |
| 1 | <table border="1"> <tr> <td>Address Unit no. Street no. Street name</td> <td>Dates From (yyyy-mm-dd) To present</td> </tr> <tr> <td>City or town Province or equivalent Country Postal code or equivalent</td> <td>Telephone no.</td> </tr> </table> | Address Unit no. Street no. Street name | Dates From (yyyy-mm-dd) To present | City or town Province or equivalent Country Postal code or equivalent | Telephone no. |
| | Address Unit no. Street no. Street name | Dates From (yyyy-mm-dd) To present | | | |
| City or town Province or equivalent Country Postal code or equivalent | Telephone no. | | | | |
| 2 | <table border="1"> <tr> <td>Address Unit no. Street no. Street name</td> <td>Dates From (yyyy-mm-dd) To(yyyy-mm-dd)</td> </tr> <tr> <td>City or town Province or equivalent Country Postal code or equivalent</td> <td>Telephone no.</td> </tr> </table> | Address Unit no. Street no. Street name | Dates From (yyyy-mm-dd) To(yyyy-mm-dd) | City or town Province or equivalent Country Postal code or equivalent | Telephone no. |
| | Address Unit no. Street no. Street name | Dates From (yyyy-mm-dd) To(yyyy-mm-dd) | | | |
| City or town Province or equivalent Country Postal code or equivalent | Telephone no. | | | | |
| 3 | <table border="1"> <tr> <td>Address Unit no. Street no. Street name</td> <td>Dates From (yyyy-mm-dd) To (yyyy-mm-dd)</td> </tr> <tr> <td>City or town Province or equivalent Country Postal code or equivalent</td> <td>Telephone no.</td> </tr> </table> | Address Unit no. Street no. Street name | Dates From (yyyy-mm-dd) To (yyyy-mm-dd) | City or town Province or equivalent Country Postal code or equivalent | Telephone no. |
| | Address Unit no. Street no. Street name | Dates From (yyyy-mm-dd) To (yyyy-mm-dd) | | | |
| City or town Province or equivalent Country Postal code or equivalent | Telephone no. | | | | |
| Please explain the following: <ul style="list-style-type: none"> • any and all residences that have overlapping dates • any periods of time outside of Canada • any periods of time when you had no associated address When providing an explanation, provide sufficient context (dates, city or town, country) so that your explanation can be properly understood. | | | | | |

* NATO stands for North Atlantic Treaty Organization.

Security Screening Application and Consent Form

Protected B when completed

| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
|---------|------------|----------------------------|

[D] Professional background

All applicants must complete this section. List all employment or periods of education within or outside Canada, including:

- periods of self employment
- consultation for a firm, agency or foreign government
- periods of military service or work in law enforcement
- security intelligence employment and internships
- temporary assignments or co op terms
- any employment or consultation that took place concurrently
- any periods of unemployment or retirement

For **reliability status, enhanced reliability status, site access status and site access status with additional inquiries**, list your employment and education in the last **5 years**, or **from your 16th birthday**, beginning with your current employer or school.

For **secret security clearance, enhanced reliability status with secret security clearance, top secret security clearance, enhanced reliability status with top secret security clearance, enhanced top secret security clearance, site access clearance and site access clearance with additional inquiries**, list your employment and education in the last **10 years**, or **from your 16th birthday**, beginning with your current employer or school.

If the space provided is insufficient, attach an additional sheet and provide all the requested information.

| | | | | | | |
|---|---|--|-----------------------------|--|---|---------|
| 1 | Employment status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed | | | Dates From (yyyy-mm-dd) To present | | |
| | Name of current employer or educational institution | | Job title or field of study | | Group, level, rank or service no. (if applicable) | |
| | Describe the nature of your employment. | | | | | |
| | Work email(s) | | | Work telephone no. | | |
| | Address of your work site or educational institution | | | | | |
| | Street no. | | Street name | City or town | Province or equivalent | Country |
| | Supervisor's information | | | | | |
| | Name | | Title | | | |
| | Work email | | Work telephone no. | | | |
| | Did this employment involve working with a foreign government, firm or agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Were you dismissed or asked to resign from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, provide a brief explanation. | | | | |
| Would your employment be jeopardized if this supervisor were to be contacted for a professional reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, provide a brief description of why your employment may be jeopardized. | | | | |
| If contacting this supervisor would jeopardize your employment, provide an alternative contact, preferably one who is at a supervisory level. | | | | | | |
| Name | | Title | | | | |
| Work email | | Work telephone no. | | | | |

Security Screening Application and Consent Form

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| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
|---------|------------|----------------------------|

| | | | | | |
|----------|---|--|---|---|---|
| 2 | Employment status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed | | | Dates From (yyyy-mm-dd) To (yyyy-mm-dd) | |
| | Name of employer or educational institution | | Job title or field of study | | Group, level, rank or service no. (if applicable) |
| | Describe the nature of your employment. | | | | |
| | Work email(s) | | | Work telephone no. | |
| | Address of your work site or educational institution Street no. Street name City or town Province or equivalent Country | | | | |
| | Supervisor's information Name Title Work email Work telephone no. | | | | |
| | Did this employment involve working with a foreign government, firm or agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | Were you dismissed or asked to resign from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, provide a brief explanation. | | |
| | Is there any reason why this supervisor should not be contacted for a professional reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, provide a brief description of why we should not contact this supervisor for a reference. | | |
| | If this supervisor should not be contacted for a reference, provide an alternative contact, preferably one who is or was at a supervisory level. Name Title Work email Work telephone no. | | | | |

[E] Personal references

All applicants must complete this section. Please list 2 personal references in Canada who:

- have known you for 3 years or longer
- are not your relatives
- are able to describe your activities outside work

References will be asked about all aspects of your conduct and character.

| | | | | | | | |
|---|--|---|-----------------------|------------------------|-----------------------------|-------------------------------------|---------------------------|
| 1 | Surname | | Given name(s) | | Relationship | How long has this person known you? | |
| | Daytime telephone no. | | Evening telephone no. | | Personal email(s) | | |
| | Current address | Unit no. | Street no. | Street name | | Country | Postal code or equivalent |
| | | City or town | | Province or equivalent | | | |
| | Current employment or educational institution (if known) | Name of employer or educational institution (if retired, name of last employer) | | | Job title or field of study | | |
| Work telephone no. | | Work email | | | | | |
| Address of work site or educational institution Street no. Street name City or town Province or equivalent Country | | | | | | | |

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Protected B when completed

| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
|---------|------------|----------------------------|

| | | | | | | | |
|---|---|---|-----------------------|------------------------|-----------------------------|-------------------------------------|---------------------------|
| 2 | Surname | | Given name(s) | | Relationship | How long has this person known you? | |
| | Daytime telephone no. | | Evening telephone no. | | Personal email(s) | | |
| | Current address | Unit no. | Street no. | Street name | | | |
| | | City or town | | Province or equivalent | | Country | Postal code or equivalent |
| | Current employment or educational institution (if known) | Name of employer or educational institution (if retired, name of last employer) | | | Job title or field of study | | |
| Work telephone no. | | Work email | | | | | |
| Address of work site or educational institution | | City or town | | Province or equivalent | Country | | |
| Street no. | | Street name | | | | | |

[F] Educational credentials and professional designations

All applicants must complete this section.

[F1] Educational credentials

Do you have educational credentials? Yes No

If yes, provide the details below and provide copies of your credentials. If the space provided is insufficient, attach an additional sheet and provide all the requested information.

| | | | | | |
|----------|---|--|---------------------------|---|---------|
| 1 | Name of educational institution attended | | Student ID no. (if known) | When did you attend? From (yyyy-mm-dd) To (yyyy-mm-dd) | |
| | What type of credential did you receive? (e.g., certification, bachelor's or master's degree) | | | | |
| | Address of institution Street name | | City or town | Province or equivalent | Country |
| 2 | Name of educational institution attended | | Student ID no. (if known) | When did you attend? From (yyyy-mm-dd) To (yyyy-mm-dd) | |
| | What type of credential did you receive? (e.g., certification, bachelor's or master's degree) | | | | |
| | Address of institution Street name | | City or town | Province or equivalent | Country |

[F2] Professional designations

Do you have any professional designations? Yes No

If yes, provide the details below and attach a copy of your professional designation(s). If the space provided is insufficient, attach an additional sheet and provide all the requested information.

| | | | | |
|----------|--|--|--------------|---|
| 1 | Name of institution that granted the designation | | | Registration ID no. (if applicable) |
| | Type of designation (e.g., chartered accountant, lawyer, certified human resources professional, engineer) | | | Date the designation was granted (yyyy-mm-dd) |
| | Address of institution Street name | | City or town | Province or equivalent |

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| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
|---------|------------|----------------------------|

| | | |
|----------|--|---|
| 2 | Name of institution that granted the designation | Registration ID no. (if applicable) |
| | Type of designation (e.g., chartered accountant, lawyer, certified human resources professional, engineer) | Date the designation was granted (yyyy-mm-dd) |
| | Address of institution Street name | City or town Province or equivalent Country |

[G] Criminal record

All applicants must complete this section. Provide information on:

- any criminal convictions in Canada for any offence under an act of Parliament that is an indictable offence or punishable by summary conviction
- any conviction and criminal conviction outside Canada for any act that if committed in Canada would constitute an indictable offence or be punishable by summary conviction under an act of Parliament

Have you ever been convicted of a criminal offence in Canada or outside Canada for which you have not been granted a record suspension or pardon?

Yes No

If yes, provide the details below. If the space provided is insufficient, attach an additional sheet and provide all the requested information.

| | | | |
|----------|--|-----------------------------------|--|
| 1 | Criminal record details | Name of law enforcement authority | |
| | Place of conviction City or town Province or equivalent Country | Date of conviction (yyyy-mm-dd) | |
| 2 | Criminal record details | Name of law enforcement authority | |
| | Place of conviction City or town Province or equivalent Country | Date of conviction (yyyy-mm-dd) | |

Certification of sections B to G (for applicants of reliability status or site access status): To certify the information that you have provided, sign and date as indicated.

I hereby certify that the information that I have provided in this document is true and correct to the best of my knowledge.

| | |
|-----------|-------------------|
| Signature | Date (yyyy-mm-dd) |
|-----------|-------------------|

Note

You must present the **originals** of any copies that you have attached to your application to a security official.

If you are applying for **reliability status** or **site access status**, you have **finished** filling out the form.

Continue to the next sections **only** if you are applying for one of the following:

- enhanced reliability status
- site access status with additional inquiries
- secret security clearance
- enhanced reliability status with secret security clearance
- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance
- site access clearance with additional inquiries

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Protected B when completed

| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
|---------|------------|----------------------------|

[H] Proactive notification

This section is to be completed by applicants for:

- enhanced reliability status
- site access status with additional inquiries
- secret security clearance
- enhanced reliability status with secret security clearance
- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance
- site access clearance with additional inquiries

Legal or judicial prohibition

Are you currently under any legally issued prohibition that obliges you to abstain from specific actions or restricts you from possessing specific items?

Yes No

If yes, provide details:

Examples may include:

- prohibitions against the use of firearms, drugs or alcohol
- prohibitions against gambling, lobbying, driving or going to specific locations
- prohibitions against employment or volunteer activities that involve minors or vulnerable persons
- peace bonds or restraining orders

[I] Marital or common law partnership status

This section is to be completed by applicants for:

- enhanced reliability status
- site access status with additional inquiries
- secret security clearance
- enhanced reliability status with secret security clearance
- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance
- site access clearance with additional inquiries

What is your current relationship status?

Married Common-law partnership Widowed Separated Divorced Single

If you are single, were you previously married or in a common-law relationship? Yes No

If applicable, provide the date of your separation or divorce or the date of your spouse's death. (yyyy-mm-dd)

If it has been less than **10 years** since your separation or divorce or since your spouse died, provide your previous spouse or common-law partner's information in section I2 below.

[I1] Current spouse or common-law partner

Your spouse or common-law partner is a person who is:

- not an immediate relative as defined in section K of this form
- in a conjugal relationship with you

Your spouse or common-law partner may be:

- cohabiting with you or not
- of any gender

The duration of the relationship is not taken into account.

| | | | |
|---|---|--|--|
| Surname | Given name(s) | Surname at birth (if different from current surname) | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other |
| Place of birth City or town | Province or equivalent | Country | Date of birth (yyyy-mm-dd) |
| Date of marriage or common-law partnership (yyyy-mm-dd) | Place of marriage or common-law partnership City or town | Province or equivalent | Country |
| | | List all current citizenships | |

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| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
|---------|------------|----------------------------|

| | |
|--|---|
| Current address | Unit no. Street no. Street name |
| | City or town Province or equivalent Country Postal code or equivalent |
| | Dates at this address From (yyyy-mm-dd) To present Telephone no. Personal email |
| Current employment or educational institution | Name of employer or educational institution (if retired, name of last employer) Job title or field of study |
| | Work telephone no. Work email |
| | Address of work site or educational institution Street no. Street name City or town Province or equivalent Country |

[I2] Former spouse or common law partner

Your former spouse or common-law partner is a person who:

- is not an immediate relative as defined in section K of this form
- was in a conjugal relationship with you

Your former spouse or common-law partner may:

- have been cohabiting with you or not
- be of any gender

The duration of the relationship is not taken into account.

| | | | |
|---|---|--|--|
| Surname | Given name(s) | Surname at birth (if different from current) | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other |
| Place of birth City or town | Province or equivalent | Country | Date of birth (yyyy-mm-dd) |
| Date of marriage or common-law partnership (yyyy-mm-dd) | Place of marriage or common-law partnership City or town | Province or equivalent | Country |
| | | | Date of separation or divorce or date of your spouse's death (yyyy-mm-dd) |

| | |
|---|---|
| Current address (if known) | Unit no. Street no. Street name |
| | City or town Province or equivalent Country Postal code or equivalent |
| | Dates at this address From (yyyy-mm-dd) To present Telephone no. Personal email |
| Current employment or educational institution (if known) | Name of employer or educational institution (if retired, name of last employer) Job title or field of study |
| | Work telephone no. Work email |
| | Address of work site or educational institution Street no. Street name City or town Province or equivalent Country |

If you do not know any or all of the information requested in this section and you cannot obtain this information, explain why.

| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
|---------|------------|----------------------------|

[J] Roommates or cohabitants

This section is to be completed by applicants for:

- enhanced reliability status
- site access status with additional inquiries
- secret security clearance
- enhanced reliability status with secret security clearance
- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance
- site access clearance with additional inquiries

Your roommate or cohabitant is a person who is:

- over 18 years of age
- currently living at the same address as you in a non-conjugal relationship, including relatives and non-relatives
- not a former spouse or common-law partner listed in section I2

Ensure that you provide the legal names of all roommates and cohabitants. If you are a student living in residence, list only the person(s) with whom you share a dorm room or apartment.

Do you have roommates or cohabitants to declare? Yes No

If yes, provide details below. If the space provided is insufficient, attach an additional sheet and provide all the requested information.

| | | | | | | | |
|---|---|---|---|--------------|--|-------------------------------|---------|
| 1 | Surname | | Given name(s) | | Surname at birth (if different from current) | | |
| | Relationship (e.g., nanny, friend, boarder) | | Dates at this address From (yyyy-mm-dd) To present | | Date of birth (yyyy-mm-dd) | List all current citizenships | |
| | Place of birth City or town | | Province or equivalent | | Country | | |
| | Daytime telephone no. | | Evening telephone no. | | Personal email(s) | | |
| | Current employer or educational institution | Name of employer or educational institution (if retired, name of last employer) | | | Job title or field of study | | |
| | | Work telephone no. | | Work email | | | |
| | | Address of work site or educational institution Street no. Street name | | City or town | | Province or equivalent | Country |
| If you do not know any or all of the information requested in this section and you cannot obtain this information, explain why. | | | | | | | |

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Protected B when completed

| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
|---------|------------|----------------------------|

| | | | | | | | |
|---|--|---|--|--------------|--|-------------------------------|---------|
| 2 | Surname | | Given name(s) | | Surname at birth (if different from current) | | |
| | Relationship (e.g., nanny, friend, boarder) | | Dates at this address From (yyyy-mm-dd) To present | | Date of birth (yyyy-mm-dd) | List all current citizenships | |
| | Place of birth City or town | | Province or equivalent | | Country | | |
| | Daytime telephone no. | | Evening telephone no. | | Personal email(s) | | |
| | Current employer or educational institution | Name of employer or educational institution (if retired, name of last employer) | | | Job title or field of study | | |
| | | Work telephone no. | | Work email | | | |
| | | Address of work site or educational institution Street no. Street name | | City or town | | Province or equivalent | Country |
| If you do not know any or all of the information requested in this section and you cannot obtain this information, explain why. | | | | | | | |

Certification of sections B to J (for applicants of enhanced reliability status or site access status with additional inquiries): To certify the information that you have provided, sign and date as indicated.

I hereby certify that the information that I have provided in this document is true and correct to the best of my knowledge.

| | |
|-----------|-------------------|
| Signature | Date (yyyy-mm-dd) |
|-----------|-------------------|

Note

You must present the **originals** of any copies that you have attached to your application to a security official.

If you are applying for **enhanced reliability status** or **site access status with additional inquiries**, you have **finished** filling out the form.

Continue to the next sections **only** if you are applying for one of the following:

- secret security clearance
- enhanced reliability status with secret security clearance
- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance
- site access clearance with additional inquiries

| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
|---------|------------|----------------------------|

[K] Immediate relatives

This section is to be completed by applicants for:

- secret security clearance
- enhanced reliability status with secret security clearance
- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance
- site access clearance with additional inquiries

Your immediate relatives include:

- all children 18 years of age and older with whom you and your spouse or common law partner have a parental relationship
- your father, mother and siblings
- your current spouse or common law partner's father and mother
- any "step" and "half" relatives that are considered in the above categories

If any person is deceased, include their date of death and last known address. Ensure that you provide the legal names of all immediate relatives. Do not use initials.

If you have declared an immediate relative in the "Roommates or cohabitants" section on page 14, there is no need to repeat their information in this section.

If the space provided is insufficient, attach an additional sheet and provide all the requested information.

| | | | | | | | |
|---|---|---------------------------|----------------------------|-----------------------------|--|------------------------|--|
| 1 | Surname | | Given name(s) | | Surname at birth (if different from current) | | |
| | Relationship | | Date of birth (yyyy-mm-dd) | | List all current citizenships | | |
| | Date of death (yyyy-mm-dd) | | | | | | |
| | Place of birth | | Province or equivalent | | Country | | |
| | City or town | | | | | | |
| | Current address | Unit no. | | Street no. | | Street name | |
| | | City or town | | Province or equivalent | | Country | |
| | | Postal code or equivalent | | | | | |
| | Dates at this address | | Telephone no. | | Personal email | | |
| | From (yyyy-mm-dd) | | To present | | | | |
| Current employer or educational institution | Name of employer or educational institution (if retired, name of last employer) | | | Job title or field of study | | | |
| | Work telephone no. | | Work email | | | | |
| | Address of work site or educational institution | | | City or town | | Province or equivalent | |
| Street no. | | | Street name | | Country | | |
| If you do not know any or all of the information requested in this section and you cannot obtain this information, explain why. | | | | | | | |

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Protected B when completed

| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
|---------|------------|----------------------------|

| | | | | | | |
|--|---|---------|--------------------------------|---|--|--|
| 2 | Surname | | Given name(s) | | Surname at birth (if different from current) | |
| | Relationship | | Date of birth (yyyy-mm-dd) | | List all current citizenships | |
| | Date of death (yyyy-mm-dd) | | Place of birth City or town | | Province or equivalent | |
| | Country | | Unit no. | | Street no. | |
| | Street name | | City or town | | Province or equivalent | |
| | Country | | Postal code or equivalent | | Dates at this address From (yyyy-mm-dd) | |
| | To present | | Telephone no. | | Personal email | |
| Current employer or educational institution | Name of employer or educational institution (if retired, name of last employer) | | | Job title or field of study | | |
| | Work telephone no. | | Work email | | | |
| | Address of work site or educational institution Street no. | | Street name | | City or town | |
| Province or equivalent | | Country | | If you do not know any or all of the information requested in this section and you cannot obtain this information, explain why. | | |

| | | | | | | |
|--|---|---------|--------------------------------|---|--|--|
| 3 | Surname | | Given name(s) | | Surname at birth (if different from current) | |
| | Relationship | | Date of birth (yyyy-mm-dd) | | List all current citizenships | |
| | Date of death (yyyy-mm-dd) | | Place of birth City or town | | Province or equivalent | |
| | Country | | Unit no. | | Street no. | |
| | Street name | | City or town | | Province or equivalent | |
| | Country | | Postal code or equivalent | | Dates at this address From (yyyy-mm-dd) | |
| | To present | | Telephone no. | | Personal email | |
| Current employer or educational institution | Name of employer or educational institution (if retired, name of last employer) | | | Job title or field of study | | |
| | Work telephone no. | | Work email | | | |
| | Address of work site or educational institution Street no. | | Street name | | City or town | |
| Province or equivalent | | Country | | If you do not know any or all of the information requested in this section and you cannot obtain this information, explain why. | | |

Security Screening Application and Consent Form

Protected B when completed

| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
|---------|------------|----------------------------|

| | | | | | | | |
|---|---|---|----------------------------|------------------------|--|------------------------|--|
| 4 | Surname | | Given name(s) | | Surname at birth (if different from current) | | |
| | Relationship | | Date of birth (yyyy-mm-dd) | | List all current citizenships | | |
| | Date of death (yyyy-mm-dd) | | | | | | |
| | Place of birth City or town | | Province or equivalent | | Country | | |
| | Current address | Unit no. | | Street no. | | Street name | |
| | | City or town | | Province or equivalent | | Country | |
| | | Postal code or equivalent | | | | | |
| | Current employer or educational institution | Dates at this address From (yyyy-mm-dd) | | To present | | Telephone no. | |
| | | Personal email | | | | | |
| | | Name of employer or educational institution (if retired, name of last employer) | | | Job title or field of study | | |
| Work telephone no. | | Work email | | | | | |
| Address of work site or educational institution Street no. | | Street name | | City or town | | Province or equivalent | |
| | | | | | | Country | |
| If you do not know any or all of the information requested in this section and you cannot obtain this information, explain why. | | | | | | | |

Certification of sections B to K (for applicants of secret security clearance, site access clearance or enhanced reliability status with secret security clearance): To certify the information that you have provided, sign and date as indicated.

I hereby certify that the information that I have provided in this document is true and correct to the best of my knowledge.

| | |
|-----------|-------------------|
| Signature | Date (yyyy-mm-dd) |
|-----------|-------------------|

Note

You must present the **originals** of any copies that you have attached to your application to a security official.

If you are applying for **secret security clearance, site access clearance or enhanced reliability status with secret security clearance**, you have **finished** filling out the form.

Continue to the next sections **only** if you are applying for one of the following:

- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance with additional inquiries

| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
|---------|------------|----------------------------|

[L] Foreign travel

This section is to be completed by applicants for:

- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance with additional inquiries

Have you travelled outside of Canada, the United States of America or Mexico for personal reasons or non-government business in the last **5 years**?

Yes No

If yes, provide details below. If the space provided is insufficient, attach an additional sheet and provide all the requested information.

| | | | |
|---|---------|---------|---|
| 1 | Country | Purpose | Travel dates From (yyyy-mm-dd) To (yyyy-mm-dd) |
| 2 | Country | Purpose | Travel dates From (yyyy-mm-dd) To (yyyy-mm-dd) |
| 3 | Country | Purpose | Travel dates From (yyyy-mm-dd) To (yyyy-mm-dd) |
| 4 | Country | Purpose | Travel dates From (yyyy-mm-dd) To (yyyy-mm-dd) |
| 5 | Country | Purpose | Travel dates From (yyyy-mm-dd) To (yyyy-mm-dd) |

[M] Foreign passports

This section is to be completed by applicants for:

- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance with additional inquiries

Do any of the following situations apply to you?

- You hold a non-Canadian passport Yes No
- You have previously held a non-Canadian passport Yes No
- You have applied for a non-Canadian passport Yes No

If you answered yes to any of the above situations, list all the non-Canadian passports that you:

- hold
- have previously held
- have previously applied for

If the space provided is insufficient, attach an additional sheet and provide all the requested information.

| | | | | |
|---|---------|---------|--------------|--|
| 1 | Country | Purpose | Passport no. | Dates From (yyyy-mm-dd) To (yyyy-mm-dd) |
| 2 | Country | Purpose | Passport no. | Dates From (yyyy-mm-dd) To (yyyy-mm-dd) |
| 3 | Country | Purpose | Passport no. | Dates From (yyyy-mm-dd) To (yyyy-mm-dd) |

[N] Foreign assets

This section is to be completed by applicants for:

- top secret security clearance
- enhanced reliability status with top secret security clearance
- enhanced top secret security clearance
- site access clearance with additional inquiries

Apart from stocks and mutual funds purchased in Canada from a regulated financial institution, do you have any business, financial or personal assets outside Canada? Yes No

If yes, list the relevant countries.

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| | | |
|---------|------------|----------------------------|
| Surname | Given name | Date of birth (yyyy-mm-dd) |
|---------|------------|----------------------------|

Certification of sections B to N (for applicants of top secret security clearance, enhanced reliability status with top secret security clearance, enhanced top secret security clearance or site access clearance with additional inquiries): To certify the information that you have provided, sign and date as indicated.

I hereby certify that the information that I have provided in this document is true and correct to the best of my knowledge.

| | |
|-----------|-------------------|
| Signature | Date (yyyy-mm-dd) |
|-----------|-------------------|

Note

You must present the **originals** of any copies that you have attached to your application to a security official.

End of form