

NUCLEAR SECURITY CLEARANCE FORMS

Please read this check list before you start. Email your completed Application with all the documents required to gnalsok@ibblocal128.org. Once you have Emailed your application, please call, or follow up to verify your application was received. If you have any questions, please contact Goksen Nalsok "Turk" at 905-332-0128 Ext. 244.

- 1. Do not date any of the forms. The forms are classified stale dated after 30 days and will not be accepted.
- 2. A clear and legible copy of both sides of a Canadian Birth Certificate or a valid Canadian Citizenship/Permanent Residence card has been included.
- 3. A clear and legible copy of both sides of a Driver's License, Ontario Photo Card or Passport has been included. If you do not hold a valid license you will need to provide a household bill.
- 4. Members include a clear and legible copy of a Union Card.
- 5. A clear and legible copy of a certified or notarized diploma/grade 12 transcripts. A Certificate of Qualification or a Red Seal.
- 6. If applicant has not been a member of the Boilermakers for a minimum of 5 years, then verification of past employment will be required. Acceptable forms of verification include: Letter from past employer on company letterhead stating duration of employment, or T4's/T4E's with dollar amounts blanked out, or Records of Employment. If you need duplicate copies you can contact the Government at 1-800-206-7218 and 1-800-959-8281. If you did not qualify for E.I. you need to write a brief letter stating the time period you were unemployed, address and phone number then sign and date the letter. With that you need to supply a tax assessment for that year.
- 7. It is understood that applications missing information or documentation will not be processed by Bruce Power or OPG and security clearance required for employment will not be granted.
- 8. Write neat and legibly in block letters. Typed applications will also be accepted. Please sign with blue ink pen.

BOILERMAKERS LOCAL 128
NUCLEAR SECURITY CLEARANCES
1035 SUTTON DRIVE, BURLINGTON, ON, L7L 5Z8

Ontario Photo Card

Ontario Photo Card Making Life Easier

Ontario introduced a new photo card that will provide government-issued identification to more than 1.5 million Ontarians who do not drive. The Ontario photo card makes it easier for non-drivers to perform everyday transactions such as cashing a cheque or returning merchandise to a store. The voluntary card was launched on July 25, 2011 and is available to individuals 16 years of age and over who do not hold a driver's licence.



Ontario Photo Cards are available

at 21 ServiceOntario centres. http://www.ontario.ca/english/dandv/driver/photo-card/locations.shtml

Find the full list all services available at each centre.

"> https://www.services.gov.on.ca/services/start.do?action=services&locale=EN>

Acceptable Identity Documents http://www.ontario.ca/english/dandv/driver/photo-card/identity-documents.shtml

<u>Frequently Asked Questions http://www.ontario.ca/english/dandv/driver/photo-card/frequently-asked-questions.shtml</u>

ONTARIOPOWER GENERATION

Security Clearance Supporting Documentation



Submission Guidelines

Copies of supporting documentation submitted with your security clearance application must be clear and legible. Illegible or fragmented copies that accompany clearance applications will not be accepted, and you will be notified to re-submit legible copies. This will result in processing delays. Therefore you <u>must</u> review your scanned copies, to ensure legibility, prior to submitting.

You are encouraged to enlarge your scans or use colour to increase legibility.

Identification that is worn out or in poor condition will need to be replaced by the issuing body.

The following information (but not limited to) must be completely legible:

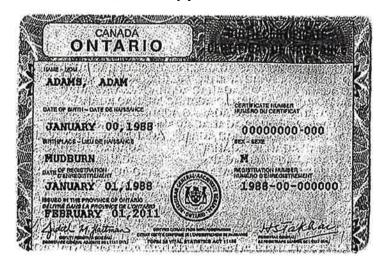
- Full Name(s)
- Date Of Birth
- Place Of Birth
- Registration and Certificate Numbers

<u>Note</u>: Copies of all supporting documentation <u>must</u> be verified as a true copy of the original - signed by the OPG contact or notarized by a notary public.

Example:

PHOTOC	OPY OF ORIGINAL
Date	₩ U 7 2011
Authorized by:	brery 1 a
Sinhature:	he be

Example of an acceptable scan / photocopy:



Examples of unacceptable scans / photocopies:

Problem: Scan is not legible.

Solution: Adjust the settings until the scan is legible. Otherwise, must apply for a new birth certificate.



Problem: Unable to decipher first letter on last name. ID is worn out.

Solution: Must apply for a new birth certificate.



Problem: Scan / photocopy is too dark and information on the card is illegible.

Solution: Adjust the settings to lighten the scan until all information is legible.



^{*}Example identification shown here is does not contain any genuine personal confidential information.



Government of Canada

Gouvernement du Canada

PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

		PROTECTED (when completed)
	OFFICE USE ONLY	
Reference number	Department/Organization number	File number

NOTE: For *Privacy Act* Statement refer to Section C of this form and for completion instructions refer to attached instructions.

Ple		or print in block is															
Α	ADMINIST	RATIVE INFORM	MATION (To b	oe compl	eted by the	Autho	rized	Departmen	ıtal/Agenc	:y/Or	rganiza	itiona	l Official)				
	New	սբ	odate		Upgrade			Transfe	r		s	upple	mental	[F	le-activ	vation
The	requested lev	el of reliability/secu	rity check(s)														
	Reliability	Status	Level I (CONFII	DENTIAL)	Leve	III (SEC	RET)	Leve	el III (TOP SE	ECRE	ET)						
	Other																
PA	RTICULARS	OF APPOINTM	ENT/ASSIGN	MENT/C	ONTRACT				14								
	Indetermin	ate Ter	m _	Contract		Industry		Other (sp	ecify second	dmeni	t, assign	ment,	etc.)				
Jus	tification for se	curity screening rec	uirement														
Pos	ition/Competit	on/Contract numbe	r		Title									Group/ (Rank		cable)	
	poloyee ID num pplicable)	ber/PRI/Rank and S	Service number		If term or con duration peri		dicate	•	•	F	From			То			
Van	ne and addres	s of department / or	ganization / age	ncy	Name of offi	cial				+	Telephor	ne num	ber	Facsin	ile nui	nber	
ВС	ILERMAK	ERS LOCAL	128		GOKSEN	NAL	sok	"TURK"		10)		()		
В	BIOGRAPH	ICAL INFORMA	TION (To be	complet	ed by the a	pplicar	ıt)					П					
Sun	name (Last na	me)		Full give	en names (no	initials) (underli	ine or circle u	sual name u	sed		Family	name at birt	h			
DC	E			JOHN	WILLIA	M					- 1	DOI					
All c	ther names us	ed (i.e. Nickname)		Sex		Date of	birth			Cou	ntry of bi	irth		Date of ent		Canada	if bom
BI	LL				ale emale	1 9	Y	M	D 0 1	ÇA	NADA			Y	1	M	D
		ide addresses for t	he last five year	s, starting v	with the most		_	phone numbe		TE	E-mail ac	idress	<u>†</u>	-1-1			
Hon	ent) ne address					(41	6) 000-0	000								
	Apartment	Street number	Street name			,		, , , ,	Civic numt				Fro	m		То	
1	number	1234	YELLOW	BRICK	ROAD				(if applicab	ole)			Y 2 0 0	7 0 4		prese	ent
	City			Province	or state	Posta	al code	3	Country				Telephone r	umber			
	TORONT	0		ONTA	8IO_	A1.	A2B2	2	CANAD.	A			(416) 000-	000)	
2	Apartment number	Street number	Street name						Civic numb (if applicab				Fro Y	m M I	T	To Y 	M
_	City			Province	or state	Posta	al code		Country				Telephone n	number			
lave	you previous	y completed a		Yes		1		s, give name			_		reening.				Υ
		nada security scree				_		YES GI	VE INF	ORM	ATIC	N					
_		VICTIONS IN A				nstruct	ions		lotaile (char	mo/e)	nama	of polic	e force, city,	Drovingo/et	ato		
	granted a par	don?		No	nave not			country and			1)	▼	e force, city,	province/st	ate,		
har	ge(s)			Name of	f police force							Cit	у				
	J.I				AM REGI	ONAL	PO	LICE				0	SHAWA				
	nce/State TARIO			CANA						D	ate of c	onvicti		Y	0	M 0 0	0 0



of Canada du Canada PERSONI	NEL SCREE T AND AUTI	NING, HORIZATION FORM		PROTECTED (when completed
Surname and full given names DOE JOHN WILLIAM			Date of birth	Y M D
C CONSENT AND VERIFICATION (To be completed by the appli	cant and auth	orized Departmental/Agenc	y/Organizational C	Official)
Checks Required (See Instructions)	Applicant's initials	Name of official (print)	Official's initials	Official's Telephone number
Date of birth, address, education, professional qualifications, employment history, personal character references	J.D.			()
2. Criminal record check	J. D.			()
Credit check (financial assessment, including credit records check)				()
4. Loyalty (security assessment only)	1.4.6			
5. Other (specify, see instructions)				()
Act and the Government Security Policy (GSP) of the Government of Canada, a collection is mandatory. A refusal to provide information will lead to a review of Personnel Screening Request. Depending on the level of security screening re Mounted Police (RCMP) and the Canadian Security Intelligence Service (CSIS outside the federal government (e.g. credit bureaus). It is used to support decisions outside the federal government of canadian security Intelligence Service (CSIS outside the federal government (e.g. credit bureaus). It is used to support decisions promotions. It may also be used in the context of updating, or reviewing for caus applicable type of security screening. Information collected by the government insidecisions, which may lead to discipline and/or termination of employment or of (Personnel Security Screening) which is used by all government agencies, exceptible CMP PPU 065 (Security/Reliability Screening Records), CSIS PIB SIS PP Records) used for Canadian Industry Personnel. Personal information related to it, the undersigned, do consent to the disciosure of the preceding information purpose of providing a security screening assessment. By consenting to information may also occur when the reliability status, security clearance of My consent will remain valid until I no longer require a reliability status, a sotherwise revoke my consent, in writing, to the authorized security official.	E 815 (Employee security assessment on including my the above, I ac r site access are security clearance	of National Defence PIB DNOPM Security), and PWGSC PIB PW ents is also described in the CSIS photograph for its subsequent knowledge that the verification updated or otherwise reviewed e or a site access clearance, n	PE 934 (Personnel Se (GSC PPU 015 (Pers PIB SIS PPU 005 (Se verification and/or t n and/or use in an in l for cause under the ny employment or co	curry investigation File), RCMF onnel Clearance and Reliability ecurity Assessments/Advice). use in an investigation for the nvestigation of the preceding Government Security Policy, intract is terminated, or until
Signature		NOT DATE		
D REVIEW (To be completed by the authorized Departmental/Ag A, B and C)		Date (Y/M/D) ational Official responsible	for ensuring the c	ompletion of sections
Name and title		Telephone number		
Address		Facsimile number	<u> </u>	\ l
E APPROVAL (To be completed by authorized Departmental/Ago only)				
l, the undersigned, as the authorized security official, do hereby approve the Reliability Status	following level	of screening.	ļ ,	РНОТО
Approved Reliability Status Not approved			(for L and/or	evel III T.S., upon request nstructions)
Name and title		-		
Signature Signature		ate (Y/M/D)		
Security Clearance (if applicable) Level II Level III Level III No	ot recommended			
Name and title				

Comments

Signature

Date (Y/M/D)

Government Gouvernement du Canada

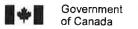
PROTECTED (when completed)

PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

	OFFICE USE ONLY	
Reference number	Department/Organization number	File number

NOTE: For *Privacy Act* Statement refer to Section C of this form and for completion instructions refer to attached instructions. Please typewrite or print in block letters.

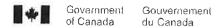
A	ADMINIST	RATIVE INFORM	AATION (To be	e comple	eted by the	Authoriz	ed Dep	partmen	tal/Agency	/Or	ganization	al Off	cial)	H			
	New	nt	odate		Jpgrade			Transfe			Supp	lemen	tal	[Re-	activat	tion
The	requested lev	el of reliability/secu	rity check(s)														
	Reliability	Status	Level I (CONFID	ENTIAL)	Level	II (SECR	ET)	Leve	I III (TOP SE	CRE	ET)						
	Other																
PA	RTICULARS	OF APPOINTM	ENT/ASSIGNN	/IENT/CC	NTRACT												
	Indetermin	ate Te	rm 🔲	Contract	Ir	idustry		Other (sp	ecify secondr	ment	t, assignmen	t, etc.)					_
Jusi	ification for se	curity screening rec	quirement														
Pos	ition/Competiti	ion/Contract numbe	er .		Title									Group/ (Rank	Level if applicat	ole)	
	oloyee ID num oplicable)	ber/PRI/Rank and \$	Service number		If term or con duration perio		cate	•		F	rom			То			
l		s of department / or	-	су	Name of office					T	Telephone nu	mber		Facsin	nile numb	er	
_		ER LOCAL 1			GOKSEN			'URK"		()			()		
_	BIOGRAPH ame (Last na	ICAL INFORMA	TION (To be o		ed by the ap	7		r circle us	ual name un	od	Ente	ilu sass	e at birth				
Juli	anno (Edot na			T dir give	in traines (no ii	innens) uni	uenine o	i circle us	uai name usi	eu	Farr	illy nam	e at birth				
Ali o	ther names us	ed (i.e. Nickname)		Sex Ma		Date of b			(Coun	ntry of birth			te of entr	ry into Ca nada	nada if b	moc
					male	Y	1	Ĭ						Y I I	ιΪ	M	D
RES		ride addresses for t	he last five years,	starting w	rith the most	Daytime	telephon	e numbe		E	-mail addres	is				4	
	e address					()										
	Apartment number	Street number	Street name						Civic number				From			То	
1										,		L	Y I I	I M	F	resent	
·	City	•		Province o	or state	Postal o	ode		Country			Tele	phone nun	ber			
												()				
	Apartment number	Street number	Street name						Civic number (if applicable				From	M	Y	То	М
2									-								
-	City			Province o	or state	Postal o	code		Country			Tele	phone nun	nber			
							Fuen siv		f employees 1	level.	and	()				
		y completed a nada security scree	ning form?	Yes	No.		r yes, giv	e name c	f employer, l	ievei	and year or	screeni	ng. 			Ĭ	1
CRII	MINAL CON	VICTIONS IN AI	ND OUTSIDE (OF CANA	NDA (see in	structio	ns)										
	you ever been granted a part			which you o	have not		If ye	es, give d intry and	etails. (charg date of convi	je(s), iction	, name of po	lice ford	e, city, pro	vince/st	ate,		
Char	je(s)			Name of	police force							City					
Provi	nce/State			Country					-	D	ate of convid	etion 🕨	1	Y	r 1	м 1 Т	D



Gouvernement du Canada

PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

Surname and full given names		Dat	e of birth	Y M D
No. 2007				
C CONSENT AND VERIFICATION (To be completed by the applic	ant and auth	norized Departmental/Agency/Or	ganizational (Official)
Checks Required (See Instructions)	Applicant's initials	Name of official (print)	Official's initials	Official's Telephone number
Date of birth, address, education, professional qualifications, employment history, personal character references				()
2. Criminal record check				()
Credit check (financial assessment, including credit records check)				()
Loyalty (security assessment only)				
5. Other (specify, see instructions)		-		()
promotions. It may also be used in the context of updating, or reviewing for cause applicable type of security screening. Information collected by the government inst decisions, which may lead to discipline and/or termination of employment or co (Personnel Security Screening) which is used by all government agencies, except PIB CMP PPU 085 (Security/Reliability Screening Records). CSIS PIB SIS PPE Records) used for Canadian industry Personnel. Personal information related to st., the undersigned, do consent to the disclosure of the preceding information purpose of providing a security screening assessment. By consenting to information may also occur when the reliability status, security clearance or My consent will remain valid until I no longer require a reliability status, a so otherwise revoke my consent, in writing, to the authorized security official. Signature	t the Department E 815 (Employe security assesses the above, I a site access an	ments. Into personal information to finational Defence PIB DND/PPE 8 security), and PWGSC PIB PWGSC personal properties also described in the CSIS PIB y photograph for its subsequent very exhowledge that the verification and updated or otherwise reviewed for ice or a site access clearance, my erope the properties of the personal properties of	offected is descr 34 (Personnel S. PPU 015 (Per SIS PPU 005 (S fleation and/or flor use in an cause under the apployment or co	need in Standard PHS PSU 917 ecurity Investigation File), RCMP sonnel Clearance and Reliability ecurity Assessments/Advice). use in an investigation for the investigation of the preceding a Government Security Policy, ontract is terminated, or until I
D REVIEW (To be completed by the authorized Departmental/Age A, B and C)	ency/Organiz	rational Official responsible for	ensuring the	completion of sections
Name and title		Telephone number	_	
Address		Facsimile number		Ŋ
E APPROVAL (To be completed by authorized Departmental/Age only)	ncy/Organiz	ational Security Official		
I, the undersigned, as the authorized security official, do hereby approve the	following leve	of screening.		
Reliability Status Approved Reliability Status Not approved			for l) and/or	PHOTO Level III T.S., upon request instructions)
Name and title				
Signature		Date (Y/M/D)		
Security Clearance (if applicable) Level II Level III No	ot recommended	L	_	
Name and title	_			
Signature		Date (Y/M/D)		



INSTRUCTIONS FOR PERSONNEL SCREENING CONSENT AND AUTHORIZATION FORM TBS/SCT 330-23E (Rev. 2002/02) Once completed, this form shall be safeguarded and handled at the level of Protected A.

If space allotted in any portion is insufficient please use separate sheet using same format.

1. Section A (Administrative Information) Authorized Departmental/Agency/Organizational Official

The Official, based on instructions issued by the Departmental Security Officer, may be responsible for determining, based on five year background history, what constitutes sufficient verification of personal data, educational and professional qualifications, and employment history. References are to be limited to those provided on the application for employment or equivalent forms.

SUPPLEMENTAL INFORMATION REQUIREMENTS

Persons who presently hold a SECURITY CLEARANCE and subsequently marry, remarry or commence a common-law partnership, in addition to having to update sections of the Security Clearance Form (TBS/SCT 330-60), are required to submit an original Personnel Screening, Consent and Authorization Form, with the following parts completed:

Part A - As set forth in each question

Part B - As set forth in each question, excluding CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA.

Part C - Applicant's signature and date only are required

"Other". This should be used to identify if the security screening is for Site Access, NATO, SIGINT etc.

2. Section B (Biographical Information)

To be completed by the applicant. If more space is required use a separate sheet of paper, Each sheet must be signed

Country of Birth - For "NEW" requests, if born abroad of Canadian parents, please provide a copy of your Certificate of Registration of Birth Abroad. If you arrived in Canada less than five years ago, provide a copy of the Immigration Visa, Record of Landing document or a copy of passport.

- List only criminal convictions for which a pardon has NOT been granted. Include on a separate attached sheet of paper, if more than one conviction. Applicant must include those convictions outside Canada.
- Offences under the National Defence Act are to be included as well as convictions by courts-martial are to be recorded.

3. Section C (Consent and Verification)

A copy of Section "C" may be released to institutions to provide acknowledgement of consent.

Criminal record checks (fingerprints may be required) and credit checks are to be arranged through the Departmental Security Office or the delegated

Consent: may be given only by an applicant who has reached the age of majority, otherwise, the signature of a parent or guardian is mandatory.

The age of majority is:

19 years in NFLD., N.S., N.B., B.C., Yukon, Norhwest Territories and Nunavut; 18 years in P.E.I., Que., Ont., Man., Sask, and Alta.

The applicant will provide initials in the "applicant's initials box".

The official who carried out the verification of the information will print their name, insert their initials and telephone number in the required space.

- Reliability Screening (for all types of screening identified within Section A); complete numbers 1 and 2 and 3 if applicable
- Security Clearance (for all types of screening identified within Section A); complete numbers 1 to 4 and 5 where applicable
- Other: number 5 is used only where prior Treasury Board of Canada Secretariat approval has been obtained.

4. Section D (Review)

To be completed by authorized Departmental/Agency/Organizational Official who is responsible for ensuring the completion of sections A to C as requested.

5. Section E (Approval)

Authorized Departmental/Agency/Organizational Security Official refers to the individuals as determined by departments, agencies, and organizations that may verify reliability information and/or approve/not approve reliability status and/or security clearances. Approved Reliability Status and Level I, II and III, as well as the signature of the authorized security official or manager are added for Government of Canada use only. Applicants are to be briefed, acknowledge, and be provided with a copy of the "Security Screening Certificate and Briefing Form (TBS/SCT 330-47)" Note: Private sector organizations do not have the authority to approve any level of security screening.

Photographs: Departments/Agencies/Organizations are responsible for ensuring that three colour photographs of passport size are attached to the form for the investigating agency. Maximum dimensions are 50mm x 70mm and minimum are 43mm x 54mm. The face length from chin to crown of head must be between 25mm x 35mm. The photographs must be signed by the applicant and an authorized security official. The photographs must have been taken within the last six months. It is required for new or upgrade Level III security clearances for identification of the applicant during the security screening investigation by the investigating agency. The investigating agency may in specific incidents request a photograph for a Level I or Il clearances when an investigation is required.





Release and Discharge Relating to Consent to Disclosure of Criminal Record Information

Surname		Given name	e	Middle name(s)	Date of Birth (dd/mm/yy)	Male
DOE Browley Surpe	70000	JOHN		WILLIAM	01/03/87	Femal
rrevious Suma	ames <i>(eg. For</i> me	r marriage, maid	ien)			
Address (numbe	er, street, apt., lot.	concession, tow	mship, rural m	oute #, city, postał code)		
1234	ELLOW	BRICK	ROAD	TORONTO, ONTA	RIO AZAZBZ	
Occupation	OMANE	Δ				***************************************
	2MA KE					
as not been	Arguiten' 160	ioras ot also	cnardes v	Mhich have not been remo	ecords of criminal convictions ved from the CPIC system in a ch the OPP is aware, to the per	considence with ti
ame				Title		
	RON MUF	RAY		SECURITY IDEN	NTIFICATION UNIT	
epartment and N	Branch NUCLEAR	2				
ame of Organiz						7411-113-1
	RUCE PO	IWER	#1	177 TIE DOAD TRVE	RTON, ON NOG 2TO	
nereby relea ovincial Polici ss or injury h	ise and fore	ever dischar	rge Her i	Release and Dischard Majesty the Queen in rig ees of the OPP from any a		anda far deme er
nereby relea ovincial Polices or injury h the OPP to	ise and fore ce and all m lowsoever a the above r	ever dischar embers and rising which named orga	rge Her id demployed h may he anization.	Release and Discharg Majesty the Queen in rig ees of the OPP from any a preafter be sustained by n	ge ht of Ontario, the Commissioned all actions eleims and dem	ands for damage sure of informati
nereby relea ovincial Policies as or injury h the OPP to	se and fore ce and all m lowsoever a the above r	ever dischar embers and rising which named orga	rge Her id demployed h may he anization. closed mats.	Release and Discharg Majesty the Queen in rig ees of the OPP from any a preafter be sustained by n ay be confirmed only by a	ge ht of Ontario, the Commission all actions, claims and demnyself as a result of the discloseomparison of the fingerprints	ands for damage sure of information on file to which the
nereby relea ovincial Policies as or injury h the OPP to	se and fore ce and all m lowsoever a the above r	ever dischar embers and rising which named orga	rge Her I d employe h may he anization. closed ma	Release and Discharge Majesty the Queen in rigues of the OPP from any a preafter be sustained by no any be confirmed only by a sugnature	ge ht of Ontario, the Commission all actions, claims and demnyself as a result of the discloseomparison of the fingerprints	ands for damage sure of information on file to which the source of the s
nereby relea ovincial Policies as or injury h the OPP to	se and fore ce and all m lowsoever a the above r	ever dischar embers and rising which named orga	rge Her I d employe h may he anization. closed ma	Release and Discharg Majesty the Queen in rig ees of the OPP from any a preafter be sustained by n ay be confirmed only by a	ge ht of Ontario, the Commission all actions, claims and demnyself as a result of the discloseomparison of the fingerprints	ands for damage sure of informati on file to which t
nereby relea ovincial Policies as or injury h the OPP to	se and fore ce and all m lowsoever a the above r	ever dischar embers and rising which named orga	rge Her I d employe h may he anization. closed ma	Release and Discharg Majesty the Queen in rig ees of the OPP from any a preafter be sustained by n ay be confirmed only by a gnature	ge ht of Ontario, the Commission all actions, claims and demnyself as a result of the discloseomparison of the fingerprints	ands for damage sure of information on file to which the control of the control o
nereby relea ovincial Policies or injury he the OPP to exhowledge ormation relations	se and fore ce and all m lowsoever a the above r that informa ates and my	ever dischar embers and rising which named orga- ation so disc r fingerprint	rge Her id employed himay he anization. closed mats.	Release and Discharg Majesty the Queen in rig ees of the OPP from any a preafter be sustained by n ay be confirmed only by a grature Confidential in, is being provided in con-	ge ht of Ontario, the Commission all actions, claims and demnyself as a result of the discloseomparison of the fingerprints	ands for damage sure of information on file to which to the board of t
nereby relea ovincial Polities or injury he the OPP to exhowledge ormation relations relations and the exceptions of the	the information of the pe	ever discharembers and rising which named organition so disconsisted in the rising erprint and contain erson(s) named by, and have	rge Her I d employe h may he anization. closed ma ts. Signation med therei med abo	Release and Discharges Majesty the Queen in rigues of the OPP from any agreafter be sustained by not any be confirmed only by a surre Confidential in, is being provided in converse without the express with date as provided above	ht of Ontario, the Commission all actions, claims and deminyself as a result of the disclosure comparison of the fingerprints. Do Note that the commission of the Commission of the Commission of the Commission consent co	ands for damage sure of information on file to which to the board of t
nereby relea ovincial Politics or injury he the OPP to eknowledge ormation relations relations and the exceptions of the	the information of the period	ever discharembers and rising which named organition so disconsisted in the second relation containers on (s) named by, and have cord relation to the second relation cord relations.	rge Her I d employe h may he anization. closed ma ts. Signation med therei med abo ving a birn ng to the	Release and Discharge Majesty the Queen in rigues of the OPP from any a preafter be sustained by not any be confirmed only by a sure confirmed only by a sture Confidential in, is being provided in conve without the express we without the express we without the express we without the confidential in the confidential in the confidential in the express we without the express we will be supposed to the express which is the express which	ht of Ontario, the Commission all actions, claims and deminyself as a result of the disclosure comparison of the fingerprints be with the commission of the commission of the Commission consent of the	ands for damage sure of information on file to which the Dott ATE

Details cannot be certified as relating to the subject of inquiry, without a fingerprint comparison.

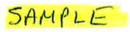
LE 219 (Rev 09/95)



Release and Discharge Relating to Consent to Disclosure of Criminal Record Information

Surname	Given name	Middle name(s)	Date of Birth (dd/mm/yy)	Male Famile
Previous Surnames (e	eg. Former marriage, maiden)			Female
Address (number, street,	apt., lot, concession, township,	rural route N. City, postal code)		
l banabi a ab d				di o di aka wa Fangara
nereby authorize has not been grant	the Ontario Provincial	f Police (the OPP) to release riges which have not been remo	ecords of criminal convictions	for which a pardo
Criminal Records A	ct, and records of outs	tanding criminal charges of whi	ved from the CPIC system in a ch the OPP is aware, to the per	son(s) listed belov
Name	***************************************	Title		
RON	MURRAY		NTIFICATION UNIT	
Department and Branch NUC	LEAR			
ame of Organization	**************************************			
BRU	CE POWER	#177 TIE ROAD TIVE	RTON, ON NOG 2TO	
hereby release ar rovincial Police an ss or injury howso	d all members and em ever arising which ma	Release and Dischard Her Majesty the Queen in rig aployees of the OPP from any a ay hereafter be sustained by n	ht of Ontario, the Commission	ands for damages
hereby release ar rovincial Police and ss or injury howso the OPP to the a ticknowledge that in	d all members and em ever arising which ma bove named organiza	Her Majesty the Queen in rig aployees of the OPP from any a ay hereafter be sustained by a	ht of Ontario, the Commission and all actions, claims and demonyself as a result of the disclo	ands for damages sure of informatio
hereby release ar rovincial Police and ss or injury howso the OPP to the a ticknowledge that in	o all members and em ever arising which ma bove named organiza	Her Majesty the Queen in rig aployees of the OPP from any a ay hereafter be sustained by n ation.	ht of Ontario, the Commission and all actions, claims and demonyself as a result of the disclo	ands for damages sure of informatio
hereby release ar rovincial Police and ss or injury howso the OPP to the a ticknowledge that in	o all members and em ever arising which ma bove named organiza	Her Majesty the Queen in rig aployees of the OPP from any a ay hereafter be sustained by n ation. ed may be confirmed only by a Signature	ht of Ontario, the Commission and all actions, claims and demonyself as a result of the disclo	eands for damages sure of informations on file to which th
hereby release ar rovincial Police and ss or injury howson the OPP to the a acknowledge that in formation relates a	nformation contained t	Her Majesty the Queen in rigoployees of the OPP from any a may hereafter be sustained by nation. The day be confirmed only by a signature Confidential therein, is being provided in co	ht of Ontario, the Commission and all actions, claims and demonyself as a result of the disclocomparison of the fingerprints	nands for damages sure of information on file to which the Date
hereby release ar rovincial Police and ss or injury howson the OPP to the anacknowledge that information relates a second and the infinite exception of	nformation contained to the person(s) named	Her Majesty the Queen in rigoployees of the OPP from any any hereafter be sustained by nation. The ded may be confirmed only by a signature Confidential therein, is being provided in confidence without the express without th	ht of Ontario, the Commission and all actions, claims and demonyself as a result of the disclocomparison of the fingerprints of the fingerprints of the commission of the Comm	nands for damages sure of information on file to which the Date
hereby release ar rovincial Police and ss or injury howson the OPP to the anacknowledge that information relates a second and the information of the exception of sed on a name ch	nformation contained to the person(s) named	Her Majesty the Queen in rigoployees of the OPP from any a lay hereafter be sustained by nation. The description of the Confirmed only by a lay of the confirmed only by a lay of the confirmed only by a layout of the confidential of the confident	ht of Ontario, the Commission and all actions, claims and demonyself as a result of the disclocomparison of the fingerprints of the fingerprints of the commission of the Comm	nands for damages sure of information on file to which the Date
hereby release ar rovincial Police and ss or injury howson the OPP to the anacknowledge that information relates a series record and the information of the exception of sed on a name challes to reveal	nformation contained to the person(s) named any record relating to	Her Majesty the Queen in rigoployees of the OPP from any a lay hereafter be sustained by nation. The description of the Confirmed only by a lay of the confirmed only by a lay of the confirmed only by a layout of the confidential of the confident	ht of Ontario, the Commission and all actions, claims and demonyself as a result of the disclon comparison of the fingerprints of the fingerprints of the commission of the Co	nands for damages sure of information on file to which the Date

Details cannot be certified as relating to the subject of inquiry, without a fingerprint comparison.





Government Gouvernement du Canada

PERSONNEL SCREENING, **CONSENT AND AUTHORIZATION FORM**

	OFFICE USE ONLY	
Reference number	Department/Organization number	File number

PROTECTED (when completed)

NOTE: For Privacy Act Statement refer to Section C of this form and for completion instructions refer to attached instructions.

	Ple	ase typewrite	or print in block is	etters.												
	A	ADMINIST	RATIVE INFORM	MATION (To b	e compl	eted by the	Author	ized	Departme	ntal/Ager	icy/O	rganizati	onal Official)			
	V	New	u _r	odate		Upgrade			Transfe	er .		Su	pplemental		Re-ac	tivation
	The	requested lev	el of reliability/secu	rity check(s)												
		Reliability	Status	Level I (CONFID	ENTIAL)	Level	II (SEC	RET)	Lev	el III (TOP	SEÇR	lET)				
		Other S	ITE ACCESS													
(1)	PAI	RTICULARS	OF APPOINTM	ENT/ASSIGN	MENT/C	ONTRACT										
ALONE		Indetermin	ate Te	m 🗌	Contract		ndustry	V	Other (s	ecify seco	ndmer	nt, assignm	ent, etc.) CON	FRACTO	R	
7	Just	ification for se	curity screening rec	quirement												
	c.	N.S.C.	CANADIAN N	UCLEAR S	AFETY	COMMISS	ION									
DI	Posi	ition/Competit	ion/Contract numbe	r		Title								Group/L		
AVE	LA	BOURER				BOILER	MAKE	R						(Rank if	applicable	9)
VEA		oloyee ID num oplicable)	ber/PRI/Rank and S	Service number		If term or cor duration peri		dicate	ı	•		From		То		
	Nam	ne and addres	s of department / or	ganization / agen	ісу	Name of office	cial				_	Telephone	number	Facsimi	e number	
	88	9 BROCK	ROAD, PIC	KERING		PAUL R	AYMO	ND				(905)	831-2838	1,)	
	в	BIOGRAPH	IICAL INFORMA	TION (To be o	complet	ed by the ac	oolican	t)			-	(303)	031 2030	ì		
	_	ame (Last na				en names (no i			ne or circle u	sual name	used	F	amily name at birth	1		
	DO	E				WILLIA							DOE			
	All o	ther names us	sed (i.e. Nickname)		Sex		Date of	birth			Cou	untry of birti	, 1	ate of entry	into Cana	da if born
					✓ M	ale		Υ	М	D		,		utside Cana	ıda	
	BI	LL			F	emale	1 9	-	1		CA	NADA		ı ı	. I M	
5			vide addresses for t	he last five years	, starting v	with the most		_	hone numb			E-mail add	ress			
4	Hom	ent) e address					/ 43	_		000						
		Apartment	Street number	Street name			(41	ь .	000-0	Civic nur						
R		number	Street Humber	Street Harrie						(if applica			Fror	n		To esent
	1		1234	YELLOW I	BRICK	ROAD							2 0 0	7 0 4	pie	786111
		City			Province	or state	Posta	code		Country			Telephone n	umber		
		TORONT	0		ONTA	RIO	A12	12B2		CANA	DA		(416) 000-0	000	
- 1		Apartment	Street number	Street name						Civic nur			From	n T		То
		number								(if applica	able)		Y	_i M	Y	i M
- 1	2												111		1.1	
		City			Province	or state	Posta	l code		Country			Telephone n	umber		
Į.													()		
->	Have	you previous	y completed a		Yes	s No	1		. •			•	of screening.		í.	Υ
	Gove	rnment or Cal	nada security scree	ning form?	A 16:	,		IF	YES G	VE IN	FOR	MATION	1			
	CRII	MINAL CON	VICTIONS IN A	ND OUTSIDE	OF CAN	ADA (see in	struct	lons)								
- 1	Have	you ever bee	n convicted of a cri					Ť	If yes, give	details. (ch	arge(s	s), name of	police force, city, p	province/stal	te.	
- 1	been	granted a par		Yes N	lo				country and	date of co	nvictio	on)	,		,	
- }	Char	20(2)				fline form										
						f police force							City			
	D.U				DURH	IAM REGI	ONAL	POI	ICE				OSHAWA			
		nce/State			Country											
L	ON	TARIO			CANA	DA						Date of con	viction 2	0 0	0 0	0 0 0

Date of birth, address, education, professional qualifications, employment history, personal character references Criminal record check Credit check (financial assessment, including credit records check)	assessmer ment of C. provide inforcering I toyal Cana biblity state e governn e and/or It Screening, RCMP P 15 (Person in the CS	name of official (print REGINA ATSAVES REGINA ATSAVES REGINA ATSAVES Int. It is collected under anada, and is protecte ormation will lead to a Request Depending o adian Mounted Police i with the GSP and to en appointment, assign us, security clearance inent institution, and int ermination of employm) which is used by all g IB CMP PPU 005 (Sei linel Clearance and Re IS PIB SIS PPU 005 (lotograph for its sub- t to the above, I ackn	the authorit of by the pro review of with initials the authorit of by the pro review of with the level of (RCMP) and tilies outside ment or contra corration ga ent or contra curity/Reliab liability Rec Security Ass sequent vet arance or s	nal Official) Official's Telephornumber (905) 839-8746 (905) 839-8746 (905) 839-8746 () by of subsection 7(1) ovisions of the Privacy historial security screening of the Canadian Secure the federal governminant, transfers or ss, all of which may tabhered from the requiractual agreements. Tagencies, except the billity Screening cords) used for Canadisessments/Advice), crification and/or use that the verification interest are upda
Date of birth, address, education, professional qualifications, employment history, personal character references Criminal record check Credit check (financial assessment, including credit records check) Loyalty (security assessment only) Cheyalty (security assessment only) Deprivacy Act Statement The information on his form is required for the purpose of providing a security screening at the Financial Administration Act and the Government Security Policy (GSP) of the Govern in institutions that are covered by the Privacy Act. Its collection is mandatory. A refusal to eligible to hold the position or perform the contract that is associated with this Personnel S required, the information collected by the government institution may be discosed to the required, the information collected by the government institution may be discosed to the required, the information collected by the government institution may be discosed to the required, the information collected by the government institution may be discosed to the promotions. It may also be used in the context of updating, or reviewing for cause, the reliable of a re-assessment of the applicable type of security screening information collected by the hecks and/or investigation, may be used to support decisions, which may lead to discipling personal information collected by the Security of Internation collected by the Privacy of the present of National Defence PIB DNDIPPE 334 (Personnel Security). Personnel Security Personnel Security Personnel Personnel Information related to security, and PWGSC PIB PWGSC PPU or disturbing the undersigned, do consent to the disclosure of the preceding Information including internation for the purpose of providing a security screening assessment. By or otherwise reviewed for cause under the Government Security Policy. My consent of otherwise reviewed for cause under the Government Security Policy. My consent security clearance or a site access clearance, my employment or contract is terminal undersigned, as the authorized secu	assessmer ment of C. provide inforcering I toyal Cana biblity state e governn e and/or It Screening, RCMP P 15 (Person in the CS	name of official (print REGINA ATSAVES REGINA ATSAVES REGINA ATSAVES Int. It is collected under anada, and is protecte ormation will lead to a Request Depending o adian Mounted Police i with the GSP and to en appointment, assign us, security clearance inent institution, and int ermination of employm) which is used by all g IB CMP PPU 005 (Sei linel Clearance and Re IS PIB SIS PPU 005 (lotograph for its sub- t to the above, I ackn	the authorit of by the pro review of win the level o (RCMP) and tillies outside from or contor site accessormation ga- nent or contra curity/Reliab- tilliability Rec- Security Ass sequent ver- sequent	Official's Telephon number (905) 839-8746 (905) 839-8746 (905) 839-8746 ()) by of subsection 7(1) ovisions of the Privacy whether the person is of security screening of the Canadian Secure the federal governmentact, transfers or ss, all of which may be athered from the requiractual agreements. Tagencies, except the billity Screening ords) used for Canadisessments/Advice), crification and/or use at the verification into access are upda at the verification into access are upda at the verification in the access are upda at the verification and the access are upda at the acce
Date of birth, address, education, professional qualifications, employment history, personal character references Criminal record check Credit check (financial assessment, including credit records check) Loyalty (security assessment only) Cheyalty (security assessment only) Deprivacy Act Statement The information on his form is required for the purpose of providing a security screening at the Financial Administration Act and the Government Security Policy (GSP) of the Govern in institutions that are covered by the Privacy Act. Its collection is mandatory. A refusal to eligible to hold the position or perform the contract that is associated with this Personnel S required, the information collected by the government institution may be discosed to the required, the information collected by the government institution may be discosed to the required, the information collected by the government institution may be discosed to the required, the information collected by the government institution may be discosed to the promotions. It may also be used in the context of updating, or reviewing for cause, the reliable of a re-assessment of the applicable type of security screening information collected by the hecks and/or investigation, may be used to support decisions, which may lead to discipling personal information collected by the Security of Internation collected by the Privacy of the present of National Defence PIB DNDIPPE 334 (Personnel Security). Personnel Security Personnel Security Personnel Personnel Information related to security, and PWGSC PIB PWGSC PPU or disturbing the undersigned, do consent to the disclosure of the preceding Information including internation for the purpose of providing a security screening assessment. By or otherwise reviewed for cause under the Government Security Policy. My consent of otherwise reviewed for cause under the Government Security Policy. My consent security clearance or a site access clearance, my employment or contract is terminal undersigned, as the authorized secu	assessmer ment of C. provide inforcering I toyal Cana biblity state e governn e and/or It Screening, RCMP P 15 (Person in the CS	name of official (print REGINA ATSAVES REGINA ATSAVES REGINA ATSAVES Int. It is collected under anada, and is protecte ormation will lead to a Request Depending o adian Mounted Police i with the GSP and to en appointment, assign us, security clearance inent institution, and int ermination of employm) which is used by all g IB CMP PPU 005 (Sei linel Clearance and Re IS PIB SIS PPU 005 (lotograph for its sub- t to the above, I ackn	the authorit of by the pro review of win the level o (RCMP) and tillies outside from or contor site accessormation ga- nent or contra curity/Reliab- tilliability Rec- Security Ass sequent ver- sequent	Official's Telephon number (905) 839-8746 (905) 839-8746 (905) 839-8746 ()) by of subsection 7(1) ovisions of the Privacy whether the person is of security screening of the Canadian Secure the federal governmentact, transfers or ss, all of which may be athered from the requiractual agreements. Tagencies, except the billity Screening ords) used for Canadisessments/Advice), crification and/or use at the verification into access are upda at the verification into access are upda at the verification in the access are upda at the verification and the access are upda at the acce
A Credit check (financial assessment, including credit records check) 4.	assessmer ment of C. provide inf croeding I croeding I	nt. It is collected under anada, and is protecte formation will lead to a Request. Depending o adian Mounted Police if with the GSP and to engh appointment, assigns, security clearance nent institution, and intermination of employm which is used by all g IB CMP PPU 065 (Seinel Clearance and Reils PIB SIS PPU 005 (notograph for its subt to the above, I ackn	o by the pro review of win the level of (RCMP) and tillies outside innent or coor or sile acces ormation ga nent or contra povernment curity/Reliab cliability Rec- Security Ass sequent ver- cowledge the arance or s	(905) 839-6746 () by of subsection 7(1) ovisions of the Privacy thether the person is of security screening of the Canadian Secure the federal governmitract, transfers or ss, all of which may tentered from the requiractual agreements. Tagencies, except the billity Screening cords) used for Canadiansessments/Advice), crification and/or use that the verification site access are upda
Credit check (financial assessment, including credit records check) 4.	assessmer ment of C. provide inforcering I toyal Canas ordance w rork through ability state e governn e and/or It Screening, RCMP P 15 (Person in the CS	nt. It is collected under anada, and is protecte ormation will lead to a Request. Depending o adian Mounted Police if with the GSP and to en appointment, assigns, security clearance nent institution, and intermination of employm) which is used by all g IB CMP PPU 065 (Seinel Clearance and Reils PIB SIS PPU 005 (notograph for its substitute of the above, I acknown and and a substitute of the above, I acknown and and a substitute of the above, I acknown a substitute of the above	o by the pro review of win the level of (RCMP) and tillies outside innent or cool or site acces ormation ga nent or contra povernment curity/Reliab cliability Rec- Security Ass sequent ver- cowledge the arance or s	(905) 839-6746 () by of subsection 7(1) ovisions of the Privacy thether the person is of security screening of the Canadian Secure the federal governmitract, transfers or ss, all of which may tentered from the requiractual agreements. Tagencies, except the billity Screening cords) used for Canadiansessments/Advice), crification and/or use that the verification site access are upda
Other (specify, see instructions) The Privacy Act Statement The information on this form is required for the purpose of providing a security screening at the Financial Administration Act and the Government Security Policy (GSP) of the Govern in Institutions that are covered by the Privacy Act. Its collection is mandatory. A refusal to elligible to hold the position or perform the contract that is associated with this Personnel Sequired, the information collected by the government institution may be disclosed to the Required, the information collected by the government institution may be disclosed to the Religione Service (CSIS), which conduct the requisite checks and/or investigation in accept gradients. It may also be used in the context of updating, or reviewing for cause, the religion of reasons. It may also be used in the context of updating, or reviewing for cause, the religion of a re-assessment of the applicable type of security screening information collected by the hecks and/or investigation, may be used to support decisions, which may lead to disciplinersonal information collected is described in Standard PIB PSU 917 (Personnel Security Personnel Security) and PWGSC PIB PWGSC	assessmer ment of C. provide inf icreening I toyal Cana ordance w rork through ability state e governn e and/or It Screening, RCMP P 15 (Person in the CS	anada, and is protecte cornation will lead to a Request. Depending o adian Mounted Police (with the GSP and to en gh appointment, assign us, security clearance nent institution, and inf ermination of employm) which is used by all g IB CMP PPU 065 (Sei mel Clearance and Re IS PIB SIS PPU 005 (lotograph for its sub- t to the above, I ackn	o by the pro review of win the level of (RCMP) and tillies outside innent or cool or site acces ormation ga nent or contra povernment curity/Reliab cliability Rec- Security Ass sequent ver- cowledge the arance or s	visions of the Privacy whether the person is of security screening of the Canadian Secur e the federal government of the federal government statements of ss, all of which may be statements. The agencies, except the bility Screening ords) used for Canad sessments/Advice). rification and/or use nat the verification site access are upda
Other (specify, see instructions) The Privacy Act Statement The information on this form is required for the purpose of providing a security screening a her Financial Administration Act and the Government Security Policy (GSP) of the Govern Institutions that are covered by the Privacy Act. Its collection is mandatory. A refusal to illigible to hold the position or perform the contract that is associated with this Personnet Sequired, the information collected by the government institution may be disclosed to the Refulligence Service (CSIS), which conduct the requisite checks and/or investigation in acc as credit bureaus). It is used to support decisions on individuals working or applying to wormolions. It may also be used in the context of updating, or reviewing for cause, the refinences and/or investigation, may be used to support decisions, which may lead to discipline as re-assessment of the applicable type of security screening information collected by the hereks and/or investigation, may be used to support decisions, which may lead to discipline resonal information collected is described in Standard PIB PSU 917 (Personnet Security Investigation File) epartment of Nallonal Defence PIB DND/PPE 834 (Personnet Security Investigation File) ecords), CSIS PIB SIS PPE 815 (Employee Security), and PWGSC PIB PWGSC PPU of dustry Personnet. Personal information related to security sersening assessment. By conductive the undersigned, do consent to the disclosure of the preceding Information including Information for the purpose of providing a security screening assessment. By conductive services of the preceding information may also occur when the otherwise reviewed for cause under the Government Security Policy. My consent contents reviewed for cause under the Government Security Policy. My consent contents reviewed for cause under the Government Security Policy. My consent for the purpose of providing a security screening assessment. By conductive security of the security of the security of the providing security of	assessmer ment of C. provide inf icreening I toyal Cana ordance w rork through ability state e governn e and/or It Screening, RCMP P 15 (Person in the CS	anada, and is protecte cornation will lead to a Request. Depending o adian Mounted Police (with the GSP and to en gh appointment, assign us, security clearance nent institution, and inf ermination of employm) which is used by all g IB CMP PPU 065 (Sei mel Clearance and Re IS PIB SIS PPU 005 (lotograph for its sub- t to the above, I ackn	o by the pro review of win the level of (RCMP) and tillies outside innent or cool or site acces ormation ga nent or contra povernment curity/Reliab cliability Rec- Security Ass sequent ver- cowledge the arance or s	visions of the Privacy whether the person is of security screening of the Canadian Secur e the federal government of the federal government statements of ss, all of which may be statements. The agencies, except the bility Screening ords) used for Canad sessments/Advice). rification and/or use nat the verification site access are upda
The Privacy Act Statement The information on this form is required for the purpose of providing a security screening is the Financial Administration Act and the Government Security Policy (GSP) of the Govern in Institutions that are covered by the Privacy Act. Its collection is mandatory. A refusal to pligible to hold the position or perform the contract that is associated with this Personnel Sequired, the information collected by the government institution may be disclosed to the Required, the information collected by the government institution may be disclosed to the Required to the information collected by the government institution may be disclosed to the Required to the information collected by the control of the applicable type of security screening. Information collected by the promotions. It may also be used in the context of updating, or reviewing for cause, the reliable of a re-assessment of the applicable type of security screening. Information collected by the hecks and/or investigation, may be used to support decisions, which may lead to disciplinersonal information collected is described in Standard PIB PSU 917 (Personnel Security experiment of National Defence PIB DND/PPE 834 (Personnel Security Investigation File) ecords), CSIS PIB SIS PPE 815 (Employee Security), and PWOSC PIB PWGSC PPU or dustry Personnel. Personal information related to security assessments is also described the undersigned, do consent to the disclosure of the preceding information including investigation for the purpose of providing a security screening assessment. By conformation for the purpose of providing a security screening assessment. By conformation for the purpose of providing a security screening assessment. By conformation for the purpose of providing a security screening assessment. By conformation for the purpose of providing a security screening assessment. By conformation for the purpose of providing a security performance of the provided security Policy. My consent tourity clearance or a site access clearance	provide information of the control o	anada, and is protecte cornation will lead to a Request. Depending o adian Mounted Police (with the GSP and to en gh appointment, assign us, security clearance nent institution, and inf ermination of employm) which is used by all g IB CMP PPU 065 (Sei mel Clearance and Re IS PIB SIS PPU 005 (lotograph for its sub- t to the above, I ackn	o by the pro review of win the level of (RCMP) and tillies outside innent or cool or site acces ormation ga nent or contra povernment curity/Reliab cliability Rec- Security Ass sequent ver- cowledge the arance or s	visions of the Privacy whether the person is of security screening of the Canadian Secur e the federal government of the federal government statements of ss, all of which may be statements. The agencies, except the bility Screening ords) used for Canad sessments/Advice). rification and/or use nat the verification site access are upda
The information on this form is required for the purpose of providing a security screening af the Financial Administration Act and the Government Security Policy (GSP) of the Government in Institutions that are covered by the Privacy Act. Its collection is mandatory. A refusal to pligible to hold the position or perform the contract that is associated with this Personnel Sequired, the information collected by the government institution may be disclosed to the Required, the information collected by the government institution may be disclosed to the Relation of the Required that is associated with this Personnel Sequired, the information collected by the government institution may be disclosed to the Relation of the Replicable to the sequired to the requisite checks and/or investigation from the context of updating, or reviewing for cause, the reliance of a re-assessment of the applicable type of security screening. Information collected by the hecks and/or investigation, may be used to support decisions, which may lead to discipling ersonal information collected is described in Standard PIB PSU 917 (Personnel Security the Personnel Security Personnel Security Personnel Security Personnel Security Investigation Fibre (PIB DND/PPE 834 (Personnel Security Investigation Fibre (PIB DND/PPE 834 (Personnel Security Investigation Fibre (PIB DND/PPE 834 (Personnel Security Investigation including information including interesting the undersigned, do consent to the disclosure of the preceding information including information for the purpose of providing a security screening assessment. By conference of the preceding information may also occur when the rotherwise reviewed for cause under the Government Security Policy. My consent screening in an investigation of the preceding information may also occur when the rotherwise reviewed for cause under the Government Security Policy. My consent screening in an investigation for the purpose of providing a security Policy of Pasamilla Policy Policy in the rotherwise provided in t	provide information of the control o	anada, and is protecte cornation will lead to a Request. Depending o adian Mounted Police (with the GSP and to en gh appointment, assign us, security clearance nent institution, and inf ermination of employm) which is used by all g IB CMP PPU 065 (Sei mel Clearance and Re IS PIB SIS PPU 005 (lotograph for its sub- t to the above, I ackn	o by the pro review of win the level of (RCMP) and tillies outside innent or cool or site acces ormation ga nent or contra povernment curity/Reliab cliability Rec- Security Ass sequent ver- cowledge the arance or s	visions of the Privacy whether the person is of security screening of the Canadian Secure e the federal government of the federal government statements of ss, all of which may be statements. The agencies, except the bility Screening ords) used for Canad sessments/Advice). rification and/or use nat the verification site access are upda
Signature REVIEW (To be completed by the authorized Departmental/Agency/Organization B and C) ame and title GINA ATSAVES, FLM SECURITY Departmental/Agency/Organization Facsimile numb 905-839-6746 × Facsimile numb 905-837-3924 APPROVAL (To be completed by authorized Departmental/Agency/Organizational Sethe undersigned, as the authorized security official, do hereby approve the followin liability Status Approved Reliability Status Not approved EGINA ATSAVES, FLM SECURITY Name and title	remaning	n valid until I no long	ger require	a reliability status,
REVIEW (To be completed by the authorized Departmental/Agency/Organization B and C) International Telephone num 905-839-6746 x 905-839-6746 x 905-839-6746 x 905-839-6746 x 905-839-6746 x 905-839-6746 x 905-837-3924 APPROVAL (To be completed by authorized Departmental/Agency/Organizational Softhe undersigned, as the authorized security official, do hereby approve the followin liability Status Approved Reliability Status Not approved EGINA ATSAVES, FLM SECURITY Name and title	00,0,0,	DONOT		
Telephone num 905-839-6746 x dress 9 Brock Road, P82 4C-6 APPROVAL (To be completed by authorized Departmental/Agency/Organizational Set the undersigned, as the authorized security official, do hereby approve the followin Approved Reliability Status Approved Reliability Status Not approved REGINA ATSAVES, FLM SECURITY Name and title		Date (VAA	(0)	
GINA ATSAVES, FLM SECURITY diess 9 Brock Road, P82 4C-6 APPROVAL (To be completed by authorized Departmental/Agency/Organizational Set the undersigned, as the authorized security official, do hereby approve the following liability Status Approved Reliability Status Not approved EGINA ATSAVES, FLM SECURITY Name and title	al Officia	responsible for ens	uring the c	ompletion of section
Brock Road, P82 4C-6 APPROVAL (To be completed by authorized Departmental/Agency/Organizational Settle undersigned, as the authorized security official, do hereby approve the following lability Status Approved Reliability Status Not approved EGINA ATSAVES, FLM SECURITY Name and title	ber			
APPROVAL (To be completed by authorized Departmental/AgencyiOrganizational Seine undersigned, as the authorized security official, do hereby approve the followin lability Status Approved Reliability Status Not approved EGINA ATSAVES, FLM SECURITY Name and title				
Approved Reliability Status Not approved EGINA ATSAVES, FLM SECURITY Name and title	cuntu Offi	cial pakel		
Approved Reliability Status Not approved EGINA ATSAVES, FLM SECURITY Name and title Signature	g level of	screening.		PHOTO
Name and title Signature Data (X/M/D)			(for and/o	Level III T.S., or upon request e instructions)
Signature Date (Y/M/D) urity Clearance (if applicable)				
urity Clearance (if applicable)		1		
1 shares				
Level Level Level Not recommended				C
Name and fille				
Signature Cate (VAMD)				
ments Date (Y/M/D)		,		
	113			

PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

		Tito I ad tab
	OFFICE USE ONLY	
Reference number	Department/Organization number	File number

NOTE: For Privacy Act Statement refer to Section C of this form and for completion Instructions refer to attached instructions. Please typewrite or print in block letters.

Α	ADMINIS	STRATIVE INFO	RMATION (To	be comp	leted by the	Author	ized Dep	arime	ntal/Agend	cy/Organiza	tional Official)		
[New		Update		Upgrade		Т	ransf	ег	s	upplemental		Re-activation
TE	ne requested	level of reliability/se	curity check(s)									-	
1	Reifabili	ly Status	Level I (CONF	FIDENTIAL)	Love	el II (SECF	RET)	Lev	rel III (TOP \$	ECRET)			
	Oliter	SITE ACCES	3S										
P	ARTICULA	RS OF APPOINT	MENT/ASSIG	NMENT/C	ONTRACT								
Ĺ	Indeterm	ninate	erm [Contrac		Industry	/ 0	ther (sp	pecify second	dment, assigni	ment, etc.) CON	TRACT	OR
		security screening r		SAFETY	COMMISS	SION							
Po	sition/Compe	tition/Contract num	ber		Title							Groun	p/Level
L.	ABOURER				BOILE	RMAKEI	₹						k if applicable)
	iployee ID nu applicable)	mber/PRI/Rank and	Service numbe	ſ	If term or co duration per		icate	•	•	Front	in a second	То	
Na	me and addre	ss of department /	organization / ag	ency	Name of off	icial				Telephon	e number	Facsii	mile number
8		K RD., PIC			PAUL R					(905)	831-2838	(-)
В		HICAL INFORM	ATION (To be										
	name (Last n			Full give	an names (no	initials) un	derline or t	ircle u	sual nanto us	sed	Family name at bir	h	
All o	olher names i	used (i.e. Nickname	e)		alc emale	Date of b	oirth Y	М	ט	Country of bir		Date of end outside Ca Y	lry into Canada if born nada M D
curr	SIDENCE (pro ent) ne address	ovide addresses for	the last five yea	rs, starting v	with the most	Daylime	telephone	numbe	ir	E-mail ad	dress		
1	Apadment	Street number	Street name		- 3110-4				Civic numb (if applicab		Fro Y	m M	To present
	City		.low-	Province	or slate	Postal	ode		Country		Telephone n	umber	
	Apartment number	Street number	Street name	1	<u> </u>				Civic number Fr (if applicable) Y			n M	To Y M
2	City			Próvince o	or state	Postal o	code		Country		Telephone n	umber	
		sly completed a nada security scree	ening form?	Yes	No	lf	yes, give r	name o	il əmployer, l	level and year	of screening	· · · · · · · · · · · · · · · · · · ·	Y
		VICTIONS IN A				structio	ns)						
lave een	you ever bes granted a par	n convicted of a cri		r which you No	have not		If yes, countr	give de	etails, (charg date of convi	je(s), name of ction)	police force, city, p	province/sl	ale,
harç	je(s)	<u> </u>		Name of	police force					B1-5/2	City		
ovir	nce/State			Country			- 1111174			Date of cor	nviction ►	Y	, M D

of Canada du Canada PERSONNEL SCREENING, CONSENT AND AUTHORIZATIO	ON FORM	PROTE	ECTED (when comple
Surname and full given names	- timpen	Date of b	irth
Sumame and full given names C CONSENT AND VERIFICATION (To be completed by the applicant and authorized Departmental/Agency/Orga Checks Required (See Instructions) Checks Required (See Instructions) Applicants Anne of official (print) Checks Required (See Instructions) Applicants Anne of official (print) REGINA ATSAVES REGINA ATSAVES Credit check (financial assessment including credit records check) Covering (security assessment only) Cher (specify, see instructions) Cher (specify, see instructions) The Privacy Act Statement The information on this form is required for the purpose of providing a security screening assessment. It is collected under the information on this form is required to the purpose of providing a security screening assessment. It is collected under the information on this form is required to the privacy Act Statement The privacy Act Statemen		en anization	nat Official)
Checks Required (See Instructions) Applicant's	Name of official (print)	Official's	Official's Telephon
Date of birth, address, education, professional qualifications, employment	REGINA ATSAVES		(905)839-6746
100.47	REGINA ATSAVES		(905)839-6746
			()
party.			
			()
the undersigned, do consent to the disclosure of the preceding information including my phonoinvestigation for the purpose of providing a security screening approximation for the purpose of the p	otograph for its subs	equent ver	sessments/Advice) rification and/or use
r otherwise reviewed for cause under the Government Security Policy. My consent will remain equify clearance or a site access clearance, my employment or contract is terminated, or un	y status, security clea	rance or s	ite access are upda
or otherwise reviewed for cause under the Government Security Policy. My consent will remain ecurity clearance or a site access clearance, my employment or contract is terminated, or unt uthorized security official.	y status, security clea	rance or s	ite access are upda
or otherwise reviewed for cause under the Government Security Policy. My consent will remain ecurity clearance or a site access clearance, my employment or contract is terminated, or untuitionized security official. Signature O REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official)	y status, security clea in valid until I no long till I otherwise revoke	rance or s er require my consei	ite access are upda a reliability status, a nt, in writing, to the
r otherwise reviewed for cause under the Government Security Policy. My consent will remain security clearance or a site access clearance, my employment or contract is terminated, or untuithorized security official. Signature O REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official B and C)	y status, security clea in valid until I no long till I otherwise revoke	rance or s er require my consei	ite access are upda a reliability status, a nt, in writing, to the
r otherwise reviewed for cause under the Government Security Policy. My consent will remain ecurity clearance or a site access clearance, my employment or contract is terminated, or untuithorized security official. Signature O REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official B and C) are and title EGINA ATSAVES, FLM SECURITY Telephone number 905-839-6746 x 4003	y status, security clea in valid until I no long till I otherwise revoke	rance or s er require my consei	ite access are upda a reliability status, a nt, in writing, to the
r otherwise reviewed for cause under the Government Security Policy. My consent will remain ecurity clearance or a site access clearance, my employment or contract is terminated, or untuithorized security official. Signature D. REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official and C) and C) ame and title EGINA ATSAVES, FLM SECURITY 905-839-6746 x 4003 Facsimile number 19 Brock Road, P82 4C-6	y status, security clea in valid until I no long till I otherwise revoke Date (Y/M/ I responsible for ensu	rance or s er require my consei	ite access are upda a reliability status, a nt, in writing, to the
or otherwise reviewed for cause under the Government Security Policy. My consent will remain ecurity clearance or a site access clearance, my employment or contract is terminated, or untuitionized security official. Signature D. REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official B, B and C) ame and title EGINA ATSAVES, FLM SECURITY 905-839-6746 x 4003 Gress B Brock Road, P82 4C-6 APPROVAL (To be completed by authorized Departmental/Agency/Organizational Security Official Approval, as the authorized security official do beachy anced for Security Official do Beachy and Security Official do Beachy and Security Official do Beachy an	y status, security clea in valid until I no long till I otherwise revoke Date (Y/M/ I responsible for ensu	rance or s er require my consei	ite access are updata reliability status, ant, in writing, to the ompletion of section
r otherwise reviewed for cause under the Government Security Policy. My consent will remain ecurity clearance or a site access clearance, my employment or contract is terminated, or untuithorized security official. Signature D. REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official and C) ame and title EGINA ATSAVES, FLM SECURITY Signature Telephone number 905-839-6746 x 4003 Facsimile number 905-839-6746 x 4003 Facsimile number 905-837-3924 APPROVAL (To be completed by authorized Departmental/Agency/Organizational Security Official and Provided Agency/Organizational Security Official (do hereby approve the following level of plainbilly Status) Approved Reliability Status	y status, security clea in valid until I no long till I otherwise revoke Date (Y/M/ I responsible for ensu	D) (for and/o	ite access are upda a reliability status, a nt, in writing, to the
otherwise reviewed for cause under the Government Security Policy. My consent will remain ecurity clearance or a site access clearance, my employment or contract is terminated, or untuithorized security official. Signature O REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official and C) ame and title EGINA ATSAVES, FLM SECURITY Official approved the authorized Departmental/Agency/Organizational Official (approved the following level of clearing the undersigned, as the authorized security official, do hereby approve the following level of the undersigned, as the authorized security official, do hereby approve the following level of the undersigned (approved Reliability Status Not approved REGINA ATSAVES, FLM SECURITY	y status, security clea in valid until I no long till I otherwise revoke Date (Y/M/ I responsible for ensu	D) (for and/o	ite access are update a reliability status, and, in writing, to the ompletion of section
r otherwise reviewed for cause under the Government Security Policy. My consent will remain equify clearance or a site access clearance, my employment or contract is terminated, or untuithorized security official. Signature D. REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official, B and C) ame and title EGINA ATSAVES, FLM SECURITY 305-839-6746 x 4003 Signature Telephone number 905-839-6746 x 4003 Facsimile number 905-839-6746 x 4003 Facsimile number 905-837-3924 APPROVAL (To be completed by authorized Departmental/Agency/Organizational Security Official Approved, as the authorized security official, do hereby approve the following level of eliability Status Approved Reliability Status Not approved REGINA ATSAVES, FLM SECURITY Name and title	y status, security clea in valid until I no long till I otherwise revoke Date (Y/M/ I responsible for ensu	D) (for and/o	ite access are update a reliability status, and, in writing, to the ompletion of section
r otherwise reviewed for cause under the Government Security Policy. My consent will remain equify clearance or a site access clearance, my employment or contract is terminated, or untuithorized security official. Signature Signature O REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official B and C) B and C) Telephone number 905-839-6746 x 4003 Ideas Pacsimile number 905-839-6746 x 4003 Ideas Parcimile number 905-839-6746	y status, security clea in valid until I no long till I otherwise revoke Date (Y/M/ I responsible for ensu	D) (for and/o	ite access are update a reliability status, and, in writing, to the ompletion of section
r otherwise reviewed for cause under the Government Security Policy. My consent will remain equify clearance or a site access clearance, my employment or contract is terminated, or untuithorized security official. Signature	y status, security clea in valid until I no long till I otherwise revoke Date (Y/M/ I responsible for ensu	D) (for and/o	ite access are update a reliability status, and, in writing, to the ompletion of section
re otherwise reviewed for cause under the Government Security Policy. My consent will remain ecurity clearance or a site access clearance, my employment or contract is terminated, or untuithorized security official. Signature	y status, security clea in valid until I no long till I otherwise revoke Date (Y/M/ I responsible for ensu	D) (for and/o	ite access are updata reliability status, and, in writing, to the ompletion of section o



NOTE: For regular Bruce Power employees RENEWING their Site Access Clearance

Regular Bruce Power employees renewing their clearance are required to complete FORM TBS/SCT #330-60E Sections B to P with the exception of Sections E & M. Please attach a copy of your Birth Certificate or Canadian Citizenship Card and Drivers' License when returning documents to the Security Clearance Office.

Regular Bruce Power employees are not required to provide employment or education verification.

Please follow instructions contained below.

NOTE: For NEW Applicants applying for Site Access Clearance

All applicants, unless advised otherwise, will be cleared at a "Site Access Clearance" level. Government documents must not be altered (e.g., lines drawn through the section or written instructions such as "NOT REQUIRED"). Altered documents will not be accepted.

Incomplete or illegible forms will NOT be considered.

If space provided is not sufficient, print off an additional sheet and attach it to your application *Civic addresses only – No P.O. Box or Rural Route #*

Instructions:

TYPE OR PRINT IN BLOCK LETTERS

Section A: Administrative Information

Administrative Information – to be completed by Bruce Power supervisor/sponsor as follows:

- Type: Normally "New" unless required as a result of expired clearance
- Level: Normally "Other Site Access" for standard clearance
- Department/organization/agency: Applicant department/Bruce Power
- Employee ID Number: Bruce Power employee number, if applicable
- Organization number: Not required

Section B: Biographical Information - to be completed by applicant

Section C: Security Screening - to be completed by applicant.

Section D: Marital Status/Common-Law Partnership

1. Includes current spouse and common-law partner.

- If any person is deceased, date of death and last address while living are to be shown. Ensure that you provide the Maiden Name of your wife or common law partner. If separated, widowed or divorced please provide the specific dates in D1 (I), if less than five years, please provide the details requested (complete D2).
- Includes previous spouse and common-law partner as applicable during the last five years.
 If a person is deceased, date of death is to be shown in 2e.
- 3. All other questions to be answered as set forth.
- 4. Occupation

If your spouse or common law partner is a homemaker or unemployed or retired, indicate this on the form.

Section E: Immediate Relatives - Leave Blank.

Section F: Criminal Convictions in and outside of Canada - to be completed by applicant

For site access clearance, it is the applicant's responsibility to provide Bruce Power with original copies of Criminal History checks for jurisdictions <u>outside</u> of Canada, where the applicant has lived or worked within the past five (5) years. For a level 2 clearance, it is within the past ten (10) years.

In order to meet regulatory requirements, the Security Clearance Section must be able to verify the authenticity of foreign Criminal History checks. IF THIS REQUIREMENT IS NOT MET, THEN UNDER NO CIRCUMSTANCES WILL A CLEARANCE BE GRANTED.

For Foreign Nationals from England, Scotland, Wales and Northern Ireland, please contact New Scotland Yards. The phone number in the UK is 020 7161 3500 or from abroad, call +44 20 7161 3500 or email www.met.police.uk/dataprotection

Anyone living or working in the United States will be required to provide a mandatory NCIC check conducted by the FBI. We will accept a safe check from Creative Services to bridge the process which may take several weeks to complete.

For all other Foreign Nationals contact Stacey Killingsworth, Manager of Operations, Creative Services Inc., 64 Pratt Street, Mansfield, Ma 02048-1927. Phone number is 508-339-5451, ext. 222, or email: www.creativeservices.com

ENSURE THAT YOU DISCLOSE <u>ALL</u> OF YOUR CRIMINAL HISTORY IN THIS SECTION. If you are unable to provide all criminal history, you are required to report to your local police service in your home jurisdiction to obtain a Criminal Record Name Check.

If you have a criminal history you must attend B22 Identification office to get fingerprinted. If you fail to do so your clearance will <u>not</u> be granted.

Section G: For completion by persons born outside Canada - to be completed by applicant

Section H: Residence - to be completed by applicant

For a Site Access Clearance, provide addresses and telephone numbers for the last **5 years only**. Ensure no gaps in time

For a Level 2 Clearance, you will be required to provide 10 years residential history.

- For rural area, include civic number or fire number and lot, concession and township number
- In order to verify your address, please provide a photocopy of your driver's licence or a current invoice (Hydro or Telephone) that contains your Name and Address.

Section I: Employment/Education - to be completed by applicant

In accordance to the Government Security Policy (GSP), when applying for a Site Access Clearance, five years of employment history with no gaps must be provided. Employment history may consist of any or all of these elements to complete five years of history.

- · Members of a trade union
- Employment
- Education
- Unemployment

Members of a Trade union may use Hall membership (initiation date) to reflect last 5 years employment history provided that:

- The Hall maintains same 5 year work history.
- The applicant supplies a Hiring Hall Local #, address, contact (BA names and phone #) on clearance form.
- Work history resides with Hall and is available upon request.
- Provide a signed letter (on Company letterhead) from your Current and Previous Employer(s) or Union Local to cover the previous five years of employment history stating your full given names, date of birth, and employment commencement date or initiation date.
- If you are unable to provide the required letters we will accept a photocopy of a "Record of Employment (ROE)" or T4 slips for the five years of employment history.
- If unemployed, please provide residential history for this period in Section I. Provide copies of T4Es or a copy of "My current claims report" from the Service Canada website to verify unemployment dates. If you are unemployed and not receiving UI benefits, then you will be required to provide a signed and dated letter providing pertinent details.

NOTE: If you are self-employed or have been self-employed, provide the following:

- Name of Company give your business name; if not applicable, give your name;.
- Please provide a copy of your Business registration number summary (if registered).

Ensure no gaps in time. Overlapping dates are acceptable.

If applying for a Level 2 Clearance, you must provide 10 years of employment history.

Section J: Foreign Employment – to be completed by applicant

Section K: Travel - to be completed by applicant

List countries visited within the last five years for personal travel and/or non-Government business, other than Canada, the USA and Mexico

Section L: Foreign Assets – to be completed by applicant

Section M: Character references must be colleagues, peers, and friends who have known you well for over three years and should be able to cover your non-work environment and activities.

Character references are NOT to include relatives.

ALL THE PERTINENT INFORMATION REQUESTED MUST BE PROVIDED.

If your reference is a homemaker or unemployed or retired, please indicate this on the form.

Neighbourhood references are individuals who have known you for over six months preferably at your current address. If not, the individual must have been a neighbour during the past five years.

Section N: Education - to be completed by applicant

Proof of education must be provided. If you are unable to provide Professional Qualifications then you will be required to provide a photocopy of your High School Diploma or certificates or degree. An "Official Transcript" will be necessary if you attended an educational institution full-time in the past 5 years or a letter from the School board stating your attendance (name of school and years attended). We will accept a letter from the ministry confirming that you are in an apprenticeship program.

Section O: Military Service - to be completed by applicant

If not covered in employment section. List last or current unit and dates of total service in the Armed Forces.

Section P: Certification - to be completed by applicant

Provide signature, date and contact telephone numbers.

Note:

Please provide a photocopy of your driver's license and a copy of one of the following documents: Canadian Birth Certificate, Valid Canadian Passport, Landed Immigration paperwork, Permanent Resident Card or Proof of Canadian Citizenship.

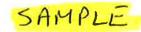
FAXED OR SCANNED COPIES OF THE COMPLETED DOCUMENTATION WILL NOT BE PROCESSED. Originals only.

Note: When completed, forward forms in a sealed envelope to:

Bruce Power Security Clearance Office - B22 177 Tie Road P.O. Box 1540

Tiverton, Ontario NOG 2TO

Please direct any questions to: Bnpdsecurityclearancesext4581@brucepower.com





Government of Canada

Gouvernement du Canada

SECURITY CLEARANCE FORM

PROTECTED (When completed)

	OFFICE USE ONLY	
Reletence number	Doparlment number	Ele nuniber

The Privacy Act Statement
The information on this form is required for the purpose of providing a security assessment. It is collected under the authority of subsection 7(1) of the Privacy Act in institutions that are covered by the Privacy Act in institutions that are covered by the Privacy Act in institutions that are covered by the Privacy Act in institutions that are covered by the Privacy Act in institutions that are covered by the Privacy Act in institutions that are covered by the Privacy Act in institutions that are covered by the Privacy Act in institutions that are covered by the Privacy Act in institutions that are covered by the Privacy Act in institutions that are covered by the Privacy Act in institutions that are covered by the Privacy Act in institutions that are covered by the Privacy Act in institutions that are covered by the Privacy Act in institutions for the Privacy Act in institutions for the Privacy Act in institutions and the Canadam Security Privacy Act in institutions for the Privacy Act in institutions for the Privacy Act in institutions and the Canadam Security Privacy Act in institutions for the Privacy Act in institutions for the Privacy Act in institution and the Canadam Security Privacy Act in institutions for the Privacy Act in institution and the Canadam Security Privacy Act in institutions for the Privacy Act in institution and the Canadam Security Privacy Act in institution and the Canadam Security Privacy Act in institution and the Canadam Security Privacy Act in institutions and the Canadam Security Privacy Act in institution and the Canadam Security Privacy Act in institutions and the Canadam Security Privacy Ac

Please typewrite or print in block letters.

		NOTE: Level I and It must complete sections A to J inc Level III must complete all sections.	lusive and P.					
×	ſ	A ADMINISTRATIVE INFORMATION (To be con	inleted by Depart	ment/Agen	culOrganiza	tion)		
A	1	New Upgrade	Supplemental		Level	I (CONFIDENTIA	AL) TOP SE	OPETS
at a		Update Transfer	Re-activation			(SECRET)	ather	CKET
_	1	Department/Agency/Organization		an (I) number	(ODVOsak and	Service number	Organization nur	mb of
CX.		soporting of gate hanguing man	(If applie	cable)	e Kurtank and	Service number	Olganization nor	lines
	L							
		BIOGRAPHICAL INFORMATION (To be comp	loted by the appl	lcani)				
		Surraine (Last name)	Full given names (no	Initials) unde	dine or circle u	sual name used	3 Family name :	al birth
	-	DOE	JOHN WILLI				DOE	
	ľ	All other names used (i.e. Nickname)		5. Sex			6 Date of birth	Y M D
	-	BILL Place of birth (city)		✓ M	ale	Female		9 8 7 0 3 0 1
	П	HAMILTON	Province/State				Country	
		Name change (other than marriage)	ON				CANADA	
	ľ	Trante Change (other transmage)	From				To	
	-	Place of change (city, province or state, and country)	I					
	"	Trace of change (city, province of State, and country)					10 Method (auth	kiniy)
	L							
	-	SECURITY SCREENING	TO THE OWNER OF THE OWNER	A - 4-	Allies and			
	1	Have you previously completed a Government	If yes, give name of	department/a	igency/organizi	ation, and the year an	d level of clearance	v
	ı	of Canada security screening form?	TR VEG GTA	ਜਾਣ ਜਾਮਦ	ACENOV 1	אות עביאם /ש	RUCE/OPG/AEC	ory i visit v
	E			TE III	AGENCI /	TEAR (B	ROCE/OFG/AEC	1 <u>11</u>
		MARITAL STATUS/COMMON-LAW PARTNERS	HIP					
		urrent status ✓ Married Common law Partnership	Separated	[] w	idowed	Divorced	[Single	
	r	A) CURRENT SPOUSE/COMMON-LAW PARTNER: SI	um āmē. ģiyen names	B) Maiden	Name (if appli	cable) C) Prese	nt citizenship of currer	nt spouse/common law panner
	ı	DOE JANE MARY		MAIDE	N	CANA	DIAN	
	1	O) Date of marriage Y M E Sommon-law 2 10 0 7 0 3 0				rriage/common-law p	artnership	
	1	F) City, province or state, and country of birth	1 TORONTO	OH CANA	NUA .		Tara L	Y M D
	1	BURLINGTON ON CANADA					G) Date of birth	9 8 6 0 3 0 1
	ı	H) Present address (apartment number, street number s	treet name, civic num	ber (if applica	ible), city, provi	ince or 1) If topo	rated, ed or diverced,	Y M D
		state and country) 123 ANYWHERE ST TO	DRONTO ON C	ANADA		specif	y date	
	ı	J) Name and address of employer (job little) TD BANK RECEPTIONIST 444 OV	ante addunac	MODONM	2 001 000	73.75.8		
/	1-	A) PREVIOUS SPOUSECOMMON-LAW PARTNER: S					AL citizenship of forme	r spouse/common-law parine
Needed (p ,			,,,,,,
: 5 Guest		C) Date of numinage/ Y M D	D) City, province	or state, and	country of mai	rriage/common-law p	arteership	
14 34134	2	partnership						
0/100		separation/ deceased	F) City, province	or state, and	country of dive)(¢0		
U1 6255		G) Country of Birth (il known)					H) Date of	Y M D
	ļ.						birth	
	E	IMMEDIATE RELATIVES (including those livin	a outolda Canada	A force front	tiaa)			
	-	PTE: Do not use initials	g outside Callada) (age man	uctions)			
	-	A) First name (surname and all given names, including ma	idea name)				B) Relationship	
NIET								
1401		C) City, province or state, and country of birth					D) Date of birth	Y M D
0	1	E) Prosent address (apartment number, street number, st	reat name, civin munt	net (if acolice)	ale) City arous	n'e or state and	F) Date of	-^
Required		country)	OUT TO THE WATER BUILD	ser (u abtuese	and see blown	THE OF STORE BITTLE	depth (if applicable)	Y M D
1000		G) Name and address of employer					(r) Job fille	

Canadä



Section Comment Comm		Surname and full given names DOE JOHN WILLIAM	Date of birth 1 9 8 7 0 3 0 1
A first areas processes and all prices control and analysis of the control of applications of the control of the control of applications of		E IMMEDIATE RELATIVES (continued)	
College continue or states and country of block College continue or states and country of block			
C) Present admits potament review, course, collect center of application, city, province or class and indication of the application of the province of class and indication of the application of the province or class and indication of the province of the province or class and indication of the province of the province or class and covery or both of the province of the province or class and covery or both of the province or class and covery or both or covery or both or class and covery or both or covery or covery or covery or both		A) Pull name (surname and all given names, including maiden name)	D) Relationship
Separate includes (positioners consists and country of both Process Pr			S/Bala Ci
Col Notice and advisors of employer A plut area (precisions and advisors of employer) 1		E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and	F) Date of Y M D death (d applicable)
Compared on tables and covering of bits Covering		G) Name and address of amployer	
Plane April Plane Apri		A) Full name (surname and all given names, including maiden name)	B) Relationship
Compared and address of comployer Compared to the compared of the particular of the particular of the compared of the particular of the part			To you are a
Compared and delivers or engaged allows or percent control of the policy of the poli		E) Presont address (apartment number, street number, street name, civic number (if applicable), city, province or state and	F) Date of Y M D death (if applicable)
Compared to the previous of state, and country of brink Country Countr		G) Name and address of employer	
Figure of address of employer Figure of control address of employer Figure of e	0	A) Full name (surname and all given names, including maiden name)	B) Relationship
Fig. Protect on address of a employer Fig. Death of the projection Fig. Protect on address of a employer Fig. Death of the projection Fig.	111		0,0000
S Present address (inputitioner number, street number, street number, street number (if applicable), city, province or state and P Date of County	X	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and	death i
S Present address (inputitioner number, street number, street number, street number (if applicable), city, province or state and P Date of County		G) Name and address of employer	
S Present address (inputitioner number, street number, street number, street number (if applicable), city, province or state and P Date of County		A) Full name (surname and all given names, including maiden name)	0) Relationship
Section address (opanimum number: street number, street number (if applicable), city, province or state and offense of applicable)	0	C) City, province or state, and country of birth	
G) Name and address of employer A) Full reame (sumanne and all given names, including malden nusses) C) City, province or state, and country of birth G) Flavouring and address (apartiment number, sineet name, civic number (if applicable), city, province or state and G) Name and address (apartiment number, sineet name, civic number (if applicable), city, province or state and G) Name and address of employer A) Full reame (sumanne and aid given names, including malden name) G) City, province or state, and country of birth G) Dipate of Y M D Individual (if applicable), city, province are state and G) Place of Y M D Individual (if applicable), city, province are state and G) Name and address (nountries in number, street number, street number, divic number (if applicable), city, province are state and G) Name and address of employer F) City, province or state, and country of birth F CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions) F CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions) F CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions) F CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions) F CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions) F CRIMINAL CONVICTIONS IN AND OUTSIDE CONVICTIONS (see instructions) F CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions) F CRIMINAL CONVICTIONS IN AND OUTSIDE CANADA (see instructions) F CRIMINAL CONVICTIONS IN AND OUTSIDE CANADA OR BOTK IN CANADA FOLICE COUNTY OF CONVICTION OR AND OUTSIDE CANADA OR BOTK IN CANADA FOLICE COUNTY OF CONVICTION OR OR OF CONVICTION OR CONVICTION OR OR OF CONVICTION OR	M	E) Prosent address (apartment number, street number, street name, civic number (if applicable), city, province or state and	F) Date of Y M D
C) City, province or state, and country of birth E) Present address of employer A) Full name (sturname and adjuen names, inducing molden name) C) (City, province or state, and country of birth A) Full name (sturname and adjuen names, inducing molden name) C) (City, province or state, and country of birth A) Full name (sturname and adjuen names, inducing molden name) C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country of birth C) (City, province or state, and country or birth or province or state and birth or province or state, and province or state and birth or province or state, and province or	-	G) Name and address of amployer	The state of the s
Continue (surname and all given names including maiden name) Continue) C		A) Full name (surname and all given names, including maiden name)	B) Relationship
C) Present address (application number, sized number, sized number, died number (if applicable), city, province or state and dealth (if applicable)		C) City, province or state, and country of birth	
Complete: Country Co	l'	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of Y M D
C) City, province or siste, and country of bints The present address (apartment number, street number, street name, dvic number (if applicable), city, province or state and bints		G) Name and address of employer	
Total of entry into canada Province/State Province/	0	A) Full name (surname and all given names, including maiden name)	B) Relationship
Total country Total countr	Z	C) City, province or state, and country of binth	D/Ditte G.
F CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions) Have you ever been convicted of a criminal offence for which you have not been greated a partition? Yes		E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and	F) Date of Y M D
Have you evar been convicted of a criminal offence for which you have not been (genied a partion? Yes		G) Namo and address of employer	
Have you evar been convicted of a criminal offence for which you have not been (genied a partion? Yes	<u> </u>		
If yes give details (charge(s), name of police force, city, province/state, country and date of conviction) If yes give details (charge(s), name of police force, city, province/state, country and date of conviction) If yes give details (charge(s), name of police force, city, province/state, country and date of conviction) If yes give details (charge(s), name of police force, city, province/state, country and date of conviction) If yes give details (charge(s), name of police force, city, province/state, country and date of conviction) If yes give details (charge(s), name of police force, city, province/state, country and date of conviction) If yes give details (charge(s), name of police force, city, province/state, country and date of conviction) If yes give details (charge(s), name of police force, city, province/state, country and date of conviction) If yes give date of conviction If yes give details (charge(s), name of police force, city, province/state, country and date of conviction) If yes give details (charge(s), name of police force, city, province/state, country and date of conviction) If yes give force City OSHAWA If you are of conviction If yes give force City OSHAWA If yes give force City OSHAWA If you are of conviction If yes give force City OSHAWA If you are of conviction If yes give force City OSHAWA If you are of conviction If yes give force City OSHAWA If you are of conviction If yes give force City OSHAWA If you are of conviction If yes give force I		The state of the s	
Charge(s) D.U.I. DURHAM REGIONAL POLICE OSHAWA Canada G FOR COMPLETION BY PERSONS BORN OUTSIDE CANADA OR BORN IN CANADA HOLDING DUAL CITIZENSHIP (soo instructions) 1 Date of entry into Genada V M D Continguity Outside Continguity Outside Continguity Outside Continguity Outside Continguity Outside A If you are a naturalized Canadian, give the certificate number and date of issue V M D Continguity Outside Outsi		been granted a pardon? If yes, give details, (charge(s), name	
D.U.I. Province/State ON Canada G FOR COMPLETION BY PERSONS BORN OUTSIDE CANADA OR BORN IN CANADA HOLDING DUAL CITIZENSHIP (see instructions) 1 Date of entry into Ganada Y M D Contiscute OUTSide OF Contilicate No Contilicate No Contilicate No Contilicate No (If yes, please provide the name of the country and explain why. (If yes) Name of Country: Explain: DURHAM REGIONAL POLICE OSHAWA Outside OUTSIDE OU			
Province/State ON CANADA Dete of conviction Y M D 2 0 0 0 1 0 1 CANADA FOR COMPLETION BY PERSONS BORN OUTSIDE CANADA OR BORN IN CANADA HOLDING DUAL CITIZENSHIP (soo instructions) 1 Date of entry into Canada Y M D Contisted OUTSide OF Contilicate No No Contilicate No	āl.	Charge(s) Name of police force	City
ON CANADA Date of conviction Y M D 2 0 0 0 1 0 1 CANADA CANADA CANADA OR BORN IN CANADA HOLDING DUAL CITIZENSHIP (soo instructions) 1 Date of entry into Canada Y M D 2 Present citizenship 3 If you are a naturelized Canadian, give the certificate number and date of issue Y M D Contilicate No		D.U.I. DURHAM REGIONAL POLICE	OSHAWA
G FOR COMPLETION BY PERSONS BORN OUTSIDE CANADA OR BORN IN CANADA HOLDING DUAL CITIZENSHIP (see instructions) 1 Date of entry into Ganada		Duly of	conviction Y M D
		CANADA	
	Complete/		ITIZENSHIP (see instructions)
	6 1000	1 Date of entry into Genada Y M D 2. Present cilizenship	
	outeiled	of issue applied for Canadian citizenship? Please	Y M D
	of suc 3	Conflicate No of Landing documentation	No.
	C 20040	If yes, please provide the name of the country and explain why Yes No If yes, explain why	Yes No
TRESCT 120 SEE (Day 1000)	Canada		
PENSON A ASSISTED DRIVE (2008) 700 PM (2008) 2008		TBS/SCT 330-60E (Rev. 2008/02) - 2 -	

Surroamo and full given names DOE JOHN WILLIAM Date of buth H RESIDENCE (there should be no gaps) List addresses where you have lived during the last 10 years, starting with the most current. (Rural address to include lot and civic number.) Street name Civic number (if applicable) prosoni ANYWHERE ST 2 0 0 7 0 4 CHY Province or state Postal code Country TORONTO ON A1A 2B2 CANADA (416) 000-0000 Apartment Street number Street rame Civic number (if applicable) City Province or state Postal code Country Apartment Street number Street name Civic number (if applicable) To From М М City Province or state Postal code Country Aparment runiber Street number Street name Civio number From To (if applicable) M City Province or state Postai code Country Civic number (if applicable) Apartment Street number Sireet name number City Province or state Postal code Country Telephone number EMPLOYMENT (last 10 years) (see instructions for self-employed and consultants) (there should be no gaps) Would your employment be jeopardized if your current supervisor, below, is contacted? Yes V No If yes, provide the name of an alternate employment contact and telephone number Were you dismissed or asked to resign from any position(s) as listed below? Yes V No If yes give name of employer, supervisor, and date Name of employer Position little A) Name of employer - do not use initials (department/organization/agency, if applicable) NO GAPS present BOILERMAKER LOCAL (USE INITIATION/START DATE) 0 1 2 0 0 2 C) Job-site address (stree; number, street name, city, province or state and country) IN WORK 1035 SUTTON DR BURLINGTON ON CANADA / 128 BUSINESS PARK DR / 2413 LASALLE BLVD D) Job title/Description E) Rank and service number (if applicable) BOILERMAKER / APPRENTICE / SHOP BOILERMAKER E) Supervisors page in full G) Supervisor's lelephone number DISPATCHER / APPRENTICE CO ORDINATOR) HALL # A) Namo of employer - do not use initials (department/organization/agency, if applicable) UNEMPLOYED 2 0 0 9 0 8 2 | 0 | 1 | 0 | 0 | 2 C) Job-site address (street number, street name, city, province or state and country) 123 ANYWHERE ST TORONTO ON CANADA D) Job title/Description E) Rank and service number (if applicable) F) Supervisor's name in full G) Supervisor's telephone number (416) 000-0000 A) Name of employer - do not use initials (department/organization/agency, if applicable) TIM HORTONS 2 0 0 8 0 6 2 | 0 | 0 | 9 | 0 | 8 C) Job-site address (street number, street name, city, provinge or state and country) 1 UPTOWN DR TORONTO ON CANADA D) Job title/Description E) Rank and service number (if applicable) CUSTORMER SERVICE F) Supervisor's name in full G) Supervisor's telephone number TIM BIT (416) 111-1111 A) Name of employer - do not use initials (department/organization/agency, if applicable) EDUCATION (NAME OF SCHOOL) 2 10 0 19 0 6 C) Job-site address (street number, street name, city, province or state and country) SCHOOL ADDRESS O) Job title/Description E) Rank and service number (if applicable)

> F) Supervisor's name in full PRINCIPAL / TEACHER / INSTRUCTOR TBS/SCT 330-60E (Rev 2006/02)

STUDENT

HISTORY

NEED

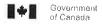
5415

G) Supervisor's telephone number

) SCHOOL #

SAMPLE

PROTECTED (When completed) Surname and full given names Date of birth DOE JOHN WILLIAM 1 | 9 | 8 | 7 | 0 | 3 | 0 | 1 J FOREIGN EMPLOYMENT Are you now or have you <u>aver</u> been employed by or acted as a consultant for a foreign government firm, or agency? ll yes, give details (country, organization, nature of work and dates) Include military (cadets), law anforcement and security intelligence employment IF YES GIVE DETAILS SECTIONS "K" TO "O" MUST ALSO BE COMPLETED FOR LEVEL III ONLY K TRAVEL List countries visited within the last five years for personal travel and/or non-Government business, other than Canada, the USA and Mexico. Puloose CUBA VACATION 2 0 1 1 1 0 2 2 0 1 1 1 0 2 1 1 1 L FOREIGN ASSETS Do you have any business, financial or personal assets outside Canada? If yes, list the relevant countries (exclude stocks and mutual funds purchased in Canada) Yes V No IF YES GIVE DETAILS M CHARACTER REFERENCES IN CANADA (see Instructions) List three character references (non-family members) and one neighbourhood reference Need to Name in full foo initials) Relationship Period known NO JIM SAMPSON FRIEND 10 YRS Know Complete home address Telephone Number 17 UTTER ST TORONTO ON L3G 3T3 (416) 222-2222 them for Complete title and business address Business Telephone Number JANITOR 46 GUTTER ST TORONTO ON L3G 5T4 (416) 121-2121 341500 Name in full (no initials) Relationship RALPH THOMPSON FRIEND 14 YRS Complete home address Telaphone Numbar more 96 BAYPEILD ST NEWMARKET ON L7P 1V3 (905)321-4321 Complete title and business address Business Telephone Number PASTOR 57 GREEN DR NEWMARKET ON L7P 3V1 1 905 1 432-4321 Name in full (no initials) Relationship Period know accepted LISA TOWKAR 3 YRS FRIEND Complete home address Telephone Number 102 PARKSIDE AVE NEWMARKET ON L79 2V5 (905 | 222-1111 Complete title and business address Business Telephone Number BOILERMAKER 1035 SUTTON DR BURLINGTON ON L7L 528 (905) 332-0128 Neighbourhood reference (see instructions) 6 months Name in full (no initials) SOMEONE CLOSE (416) 010-1010 Complete home address Business Telephone Number or more 59 ANYWHERE ST TORONTO ON ALA 2B2 RETIRED N EDUCATION Need copy Name of the last school or university you ettended full time. 2 Student ID number (If known) 3 Location of Institution HUMBER COLLEGE Y M To Y M |2|0|1|0|0|2| 2|0|1|2|0|2 TORONTO Diploma 5 Field of study (Diploma or dograe obtained) C OF Q / RED SEAL / NEED TO LIST EDUCATION EVEN IF NOT COMPLETED Certificate O MILITARY SERVICE transcript Military service in the Cenedian Armud Forcus: Rogular, Rosorves and Soa, Army and Air Cadots (from the period since your 16th birthday). Dr 1 Name and last location 2. Rank and Service no 3. Period of service I hereby certify that the information set out by me in this document is true and correct to the bast of my knowledge and belief. 1 Signature 2 Date 3. Telephone (Home) 3. Telephone (Business) Signature



Gouvernement

du Canada

	OFFICE USE ONLY	
Reference number	Department number	File Aurnbar

SECURITY CLEARANCE FORM

The Privacy Act Statement
The Information on this form is required for the purpose of providing a security assessment. It is collected under the authority of subsection 7(1) of the Financial Administration Act and the Government Security Policy (GSP) of the Government of Canada and is protected by the provisions of the Privacy Act is institutions with the contract that is associated with this Personnel is another to provide information collected by the government institution may be informed to collected by the government institution in the Royal Canadam Mounted Police (RCMP) and the Canadam Security Intelligence Service (CSIS), which conduct the requisite checks audital invastigation in accordance with the GSP and to entities outside the federal government (a glided) bureaus). It is used to support decisions on individuals websing or applying to work through appointment, assignment or contract, whatever or promotores. It may also be used in the Costos of updating, or reviewing for cause, the reliability status, security clearance or site access, all of which may lead to a tele-assignment of the applicability status, security decisions on individuals websing or applying to work through appointment, as to access, and of which may lead to a tele-assignment of the applicability status, security decisions or site individuals websing or applying to work through appointment, and information collected is decisioned in Standard PIR SPU 917. (Personnel Security Screening) which is used by all government agencies, except the Department of National Defence PIC DAMPPE 834 (Personnel Security Investigation File), RCMP PIB CMP PID 055 (SecurityRotability Screening Records).

CSS PIG SIS PPE 815 (Employee Security), and PWGSC PIB PWGSC PPU 015 (Personnel Cleatance and Reliability Records) used for Canadam Industry Personnel.

Personnel Versonnel Contractions of the Security Assessments (Advice).

		I feetivative and B							
Level III must	comblete 31 sections*	inclusive and P.							
A ADMINISTRATIV	VE INFORMATION (To be	completed by Departme	лt/Agency/Organi;	zation)			Ţ,		
New	Upgrade	Supplamental	Level	I (CONFIDENT	IAL) III (TO	P SECRE	۲)		
Update	Transfer	Re-activation	1	(SECRET)	other				
Ээрлптат/Адипсу/Ок	New								
BIOGRAPHICAL	. INFORMATION (To be co	emploted by the applican	nt)				- 11		
				e usual name used	3 Family n	ante al bid	sh		
Another names used	(і в Nісклате)		5-	7			,	4 1	И
Place of birth (city)		Province/State	Male	Fomale	Country			1	
Name change (other)	(se maniage)	From			fo	-			
Place of change feits	Brances or etale and except								
or country tests.	because or state and cooutry)				10 Method	(authority)			
SECURITY SCRE	EENING							No.	in in
completed a Governme	ent Car	If yes, give name of dep	artmen/agencylorgen	ization, and the year a	nd level of clearar	ce	41.00		Υ
of Canada security screening form?	Yes No					-0.5 # 11 16 17		1.1	
Update									
	Common Law Parmershin	Security	Widowed	() (Timpured	Single				
	_				\ 				
		Guidano, given names	i) maideir Minna (ii ap)	philanie) C) i-res	aut citissusudi ork	กษยก รษด	tise/co	mmon.	-IMM bar
common-law	I I I I I I	D E) City, province or	state, and country of n	และriage/coกรกรดา โกรุง	partnership				
F) City, province or s	tale, and country of birth					Y	-	I N	r p
H) Present address (state and country)	aparlment number, street numb	Rt, street name, civic number	(d applicable), city, pro	ovince or i) II sep	saraied.	Y	-		4
J) Name and address	s of employer (job (ille)			speci	ly date	\perp	_1_	Ш	
A) PREVIOUS SPOU	ISE/COMMON LAW PARTNER	Surname, given names (co	ver only the past five y	curs) B) Pres	ent citizenship of h	ormer spor	nefcor	mmoni	law part
								W. 114 - 214	
common law	I I Y O I Y I	D) City, province or s	statu, and country of m	ratriage/conmon-tew (partnership				
E) Date of diverce/ separation/	V NI	D F) City, province or s	late, and country of 6)	vorce					****
	known)					- V			
					n) Date of	1.1	1	1 1	1
IMMEDIATE RELA	TIVES (including those II	ving outside Canada) (s	en instructions)					Next.	
TE: Do not use initials			,					- 11	RSHETT.
A) Full name (surnami	e and all given names, including	malden riame)			B) Relationship	,			
C) City, province or sta	The second secon				Di Dala of	Y		М	
	ate, and country of birth								
E) Procest add-at-			Elitar switches		birth	11	_1_	Ш	L
E) Present address (a) country)		r, street name, civic number (i	i applicable), city, pro-	vince or state and	F) Date of death	11	1		_

-		PROTECTED (When complete	9
S	urnaine and full given names	Oute of birth	
E	IMMEDIATE RELATIVES (continued) OTE: Do not use initials		
	A) Full name (surriame and all given names, including maiden name)	B) Relationship	
	City, province or state, and country of birth	D) Date of Y M D	
2	f.) Present address (apartment number, street number, street name, conclumber (if applicable), cay, province or state and country)	F) Date of Y M D depth (if applicable)	
	G) Name and address of employer	H) Job fife	1
Г	A) Full name (surname and all given names, including maider name)	B) Retalionship	1
	C) City, province or state, and country of birth	D) Date of Y M D birth I I I	
3	E) Present address (apartment number, street number, street name, clivic number (if applicable), city, province or state and country)	F) Date of Y M D	
	GI Name and address of employer	H) Job (ille	1
H	A) Full nacin (surname and all given names, including maiden name)	B) Relationship	-
	C) City, province or state, and country of birth	D) Date of Y M D	-
4	E) Present address (apartment number, street number, street name, civic number (if applicable) city province or state and country)	F) Date of Y M D	-
	G) Name and address of amployer	(if applicable) H Job I in to L H	
-	A) Full name (surname and all given names, including maiden name)	B) Relationship	-
	C) City, province or state, and country of birth	D) Date of Y M D	-
5	E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and	tinti	-
	COUNTRY) G) Name and address of employer	(if applicable)	-
-	A) Full name (surname and all given names, including maiden name)	B) Relationship	_
	C) City, province or state, and country of 5 nh		
Б	E) Present address (spartment number, street number, street mame, civic number (if applicable), city, province or state and	D) Date of Y M O	
	country) G) Name and address of employer	(if applicable)	
-	A) Full name (surname and all givon names, including maiden name)	8) Retaionship	
	C) City, province ar state, and country of birth		
,		B) Date of Y Al D	
	E) Presson address (apartment number, sireet number, siveel name, civic number (if applicable), city, province or state and country)	F) Date of Y M D death (d applicable)	
_	G) Name and address of employer	H) Job tile	
	CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions) by you ever been convicted of a climinal ollence for which you have not		I
eer [granted a pardon? If yos, give dotains (charge(s) name o country and date of conviction)	of police force, city, province/state	
Street	ge(z) Name of police force	City	
nov	nce/State Country	L	-
_	Cate of co	anviction Y M D	
	FOR COMPLETION BY PERSONS BORN OUTSIDE CANADA OR BORN IN CANADA HOLDING DUAL CIT	IIZENSHIP (see instructions)	
01	M D applied for Calladian charanter. Prease provide copy of Immigrant Visa or Record	Ves Dute of application Y M D	
Do	rificate Na of Landing cocumentation of Landin		
(11)	in yes, explain only less and country. (If yes) Name of Country.	[1] 160 [m] 40	
-4			

							PROTECTED (When completed)
S	flu [†] bas emirreg	given names					Date of thirth Y M D
Н		E (there should					
L	Apartment	Stiget number	Street name	g the last 10 years	, starting with the m		ress to include lot and civic number.)
	nuniber	Salegi iamibar.	Street liams			Civic number (if applicable)	From To Y M present
1	City	L	J	Province or state	Postal code	Country	Talephone number
L							()
	Aparlment number	Street number	Street name			Civic number (if applicable)	From To
2	City	1		15			
l.	City			Province or state	Postal code	Country	Telephone number ()
	Apadatent number	Sireet number	Street name	•		Civic number (il applicable)	From To
o							Y M Y M
	City			Province or state	Postal code	Country	Telephone number
	Apanment	Street number	Street name			Civic number (if applicable)	From To
4						(ii ii)piii,ava)	
	City			Province or state	Postni code	Country	Telephona number
	Apartment	Street number	Street name			Civic numbe:	From To
5	number					(if applicable)	Y
	City			Province or state	Postal code	Country	Felephone number
_				L		tants) (there should be r	
_				ion(s) as listed below?		Yes No	
	is, gree name of ne of employer	employar_supervi	isor, and date	Supervisor		Position title	Date
							Y M
	A) Name of en	ployer - da not use	initials (deparn	nenVorganizatronlager	ncy, if applicable)	B) From	Y M To present
	C) Job-site add	fress (street numbe	r, streat name	city, province or state	and country)		
,							
	O) Job sterDes	enpapie				E) Rank and servi	ice number (il applicable)
	F) Supervisor's	name in full					G) Supervisor's lelephone number
+	A) Name of em	ployer - do not use	initials (departi	nent/organization/ager	cy, il applicable)	6)	
						From	To Y M
1	(c) Youxelfe add	ress (street numbe	r, street nama,	city, province or state a	and country)		
1	D) Job tille/Des	cription				E) Rank and serv	ce number (if applicable)
ŀ	F) Supervisor's	name in full					G) Supervisor's telephone number
1	A) bloome all non-		Satisfaction of	Pits 1111-1111-111	New York	10	()
1	A) 19amin sax bing	noyer - uo nni usa	initiais (departir	enVorganization/agen	cy: « applicative)	B) From	M To Y M
1	() Job site addr	ess (street number	, street name, d	ily province or state a	nd country)		-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
1) Job fille/Desc	ription				E) Rank and serving	ce number (il applicable)
-) Supervisors	nanse in but					G) Supervisor's telephone number
	A COLONNING CONTRACTOR						()
1	ij Nanie of emp	layar - do not use i	nitials (departin	enVorganization/agen	y il applicable)	B) Froin	M To Y M
C) Job-site addr	ess (street number,	, street name, c	ity, province or state a	nd country)		
	Job litterDesc					(6) 6	
L						E) Rank and service	ce number (if applicable)
F	1 Supervisors of	ame in full					G) Separvisor's telephone number
							()

	umaine and foil given names				Date of birth		<u></u>	11	L
ī	FOREIGN EMPLOYMENT Are you now or have you over been employed by or acted as a constitlant for a foreign government, firm, agency?	If yes, give de or intelligence er	itails (country, organization inployment	n nature of work and	dates) Include military (d	adets) law	entorcen	iont and	sacu
	Yes No								
	ECTIONS "K" TO "O" MUST ALSO BE COM	API ETED FOR LI	EVEL III ONLY						
-	TRAVEL				15.75 B 7		100		=0
i	st countries visited within the last five yea Country	rs for personal t	ravel and/or non-Go	vernment busines	s, other than Canad		A and I	Mexico. To	_
	Simpley .		ruipose		Y	M	-	Y	+
									i
						_ _	L		1
						++		1-1-	1
	FOREIGN ASSETS						1	dan dan	-
2	you have any business, financial or personal assets side Canada?	if yes hat the r	elevant countres (exclur	e slocks and mulual f	unds purchased in Cana	ida)			-
	Yes No			100 11 12 11 11 11 11					="
									_
	CHARACTER REFERENCES IN CANADA three character references (non-family members) and		Maria						
	Name in full (no initials)			R	Hationship	Period	cnown		
	Camplete home address				1991-11-12-12-12-12-12-12-12-12-12-12-12-12	Tetepho	ine Nuni	ber	
	Complete tille and business address					1	1		_
						2000		ione Nur	nbor
	Name in full (no initials)			Re	lationship	Period I	snovyn		
I	Complete frame address					Telepho	ne Num	ner	-
	Complete little and business address		,)	_	_
						Busines	s Telepi	one Non	ntiar
İ	Name in full (no initials)			Re	lationship	Period I	mayen		
ŀ	Complete home address					Talepho	ee Numi	ber	_
l	Complete fille and business address						1		_
						Busines	s Telepi	one Nun	nbár
	httourtlood reference (see instructions)					11_	-		
-	e in Iuli (ro initials)					Te apho	ne Num	38r	
1	plete home address					Busines	s Teleph	onė Nun	nuar
	EDUCATION								
		Student (D number (if known)	3 Location of institution	n I	1 Period of alterdance			¥=-	
		(II KIIOWI)			From Y	N. T	1.4	Y	1
8	id of study (Diploma or degree obtained)					L-1			_1
									_
	MILITARY SERVICE			al Stages			O-		
	ry service in the Canadían Armed Forces: Regul	iar, Reserves and S	ooa, Army and Air Cade	is (Irom the pariod s	ince your 16th birthda	y)			
	me and last location 2	Rank and Sarvice r	0.0	3 Period of	service Y M	Гто		Υ	-
							1	L.L	
	ERTIFICATION	mada Abir da					-0		e e
	by certify that the information set out by	me in this docu	ment is true and cor		f my knowledgo an: phono (Homé)		phane //	Busines:	5)
			Y		priorio (rioriis)	5, 1010	budne h	D 0 3 11 1 C 0	

3	Wilding			Date of t	irth Y	М	D			
E	mployment (Additional Information)					14.				
	A) Name of employer - do not use initials (department/organization/agency, if applicable) C) Job-site address (street number, street name, city, province or state and country)	3) Fran	n Y	M	To	Y	M			
5	d to the state of									
	(F) Supsivisor's name in full	10)10		1,50	MOD					
	- STACKBRADOVA CARILLANDA UNITED CONTROL DE		G) Superviso	a s aemp m	ae munioer					
	A) Rance of employer - do not use initials (department/organization/agency, if applicable)	Eson	Y	М	To	Y	74			
Ĝ	6) Job-sile address (street number, street name, city, province or state and country)					***********				
	D) Job (iller/description	ank and service r	number (if a	pplicable)	are districted by					
	F) Supervisor's name in full		G) Suparviso	r's telephor	ne number					
	A) Name of employer - do not use milials (department/organization/agency, if applicable)	B) From	Y	l/.	10	Y	K			
	C) Job-site address (street number, street name, city, province of state and country)									
f	O) Job life/Description	E) Re	ink and service in	umber (if a	pplicable)	Ribate At Piloto 24 h V				
	F) Supervisor's name in full		G) Supervisor	's telephor	e number	******	11.11			
	A) Name of employer - do not use initials (department/organization/ligency, if applicable)	B) From		M	l'o	· · · · · · · · · · · · · · · · · · ·				
-	C) Job-ske address (street number, street name, city, province or state and country)	1	1							
В	O) Job (#leiDescription	E) Ra	ck and service in	imber (if a	oplicable)					
l	F) Supervisor's name in fell		G) Supervisor	's telephon	number					
T	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	y	M	To]	Y	M.			
	C) Job-site address (street number, sweat name, city, province or state and country)	1	l		11					
1	D) Job title/Description E) Rank and service number (if applicable)									
1	F) Supervisor's name in full		G) Supervisor	s telephone	i number	or a browning of				
1	A) Name of employer - do not use initiats (department/organization/agency, if applicable)	B)		M	11	Ψ.	М			
(C) Job-site address (street number, street name, city, province or state and country)	From		***	10		****			
ī	:) Job tite/Description	(E) Rani	k and service nu	nher (if ap)	slicable)					
F) Supervisor's name in full	.L	G) Supervisor's	telephone	number					
A) Name of employer - do not use inibita (departmens/organization/agency, if applicable)	(8)	······································	(v.		· · · · · · · · · · · · · · · · · · ·	1/1			
Ċ) Jub-site andress (street number, stress name, city, province or state and country)	From		(4) H 	To	***********				
D	Job InterDescription	E) Rans	and service nun	nber (if app	Scable)					
F)	Supervisor's name in full	1	G) Supervisor's	telephone	number	w laborated a co	100 × 100 × 100			
A)	Name of employer - do not use initials (department/organization/agency, if applicable)	(8)	γ	<i>M</i>	[]					
Ċ)	Job-site address (street number, street name, city, province or state and country)	From			To					
n en la co	Job Liler()escription	fi) Rank	and service hars	ou (if age	icable)		win were nemen			
F) E	Supervisor's name in Itali		G) Supervisor's		eries un la maio					
	A STATE OF THE CASE OF THE STATE OF THE STAT	1	er collections (161111761					

ONLY IF REQUIRED

	Swinishe .					Osto of bleth: Y & O		
RE	SIDENCE Apartment number	(Additional Inf	Ormation) Sirest Nume	kalan manadakan kecamatan K	Cirle Numb er (if applicable)	Fram M	Y M	
6	City		Province or state Poster code		Country Telephane number			
7	Apartment	Street Number	Street Name		Civic Numb er (II appakesble)	Y From M	y Te M	
	City		Province or state	Postal corin	Country	Telephone number		
e	Apartmoni	Storet Number	Steel Name	was de se commence de	Civio Numb er (if applicatio)	Y From M	У То м	
e	Gliy		Province or easie	Poutal code	Country	Tataphone number		
	Appulinent	Street Number	Stront Name		Civic Numb er (if uppliesble)	Y From M	Y YO M	
0	Gity		Payinge or sinle	Postal code	Country	Talephono number		
	Aparlment number	Streat Number	Street Marzie		Civic Mumb er (if applicable)	Y Florn M	Y To M	
10	Chy		Province or state	Postol code	Country	Telephone number		
11	Apartmant number	Street Number	Shool Nama		Civic Numb er (if applicable)	Y M	Y To M	
	City		Province or state Postal code		Country	Telophone number		
F	Veartment Veartment	Straut Number	Street Name	***************************************	Civic Numb er (II applicable)	Y M	Y Y M	
18 6	Čilý		Province or state	Postal code	Country	Talaphone number		
ns	parlment insper	Streat Number	Sheet Name		Clyle Numb er (if applicable)	Fran Y M	Y M	
G	ny		Province or state	Postal code	Country	Yelophone number		
Unite	ortiment (Steet Number	Steed Hame	<u></u>	Civic Numb er (if applicable)	y From M	Y M	
City	y		Province or slele Postal code		Country	Yelaphone number		
	irlined 5	itraal Njuraber	Street Name		CMe Numb er (if applicable)	Y M	Y 66	
day			Province or state	Postel code	Country	Telephane number		