



## CONSENT TO USE A GOVERNMENT OF CANADA SECURITY CLEARANCE OR A TRANSPORT CANADA TRANSPORTATION SECURITY CLEARANCE

Information provided on this form can only be used for the purpose of a security assessment under Section 15 of the *Controlled Goods Regulations*.

<b>Privacy Notice</b>
<p>The information is collected by the Controlled Goods Program under the authority of the <i>Defence Production Act</i> and the <i>Controlled Goods Regulations</i> to determine the current and ongoing entitlement of your company to register with the Controlled Goods Program.</p> <p>Refusal to provide the personal information or the provision of incorrect information will prohibit you from examining, possessing, or transferring items identified in the Controlled Goods List contained in the Schedule to the <i>Defence Production Act</i>.</p> <p>Your personal information is used, protected, or disclosed in accordance with the <a href="#">Privacy Act</a> and is described in the Personal Information Bank, Controlled Goods Program, <a href="#">PWGSC PPU 045</a>. Under the Act, individuals have a right to access and correct their personal information when incomplete or containing errors.</p> <p>If you have concerns or believe to have grounds to file a complaint in regards to the handling of your personal information, you may contact the Public Services and Procurement Canada's Access to Information and Privacy Directorate by email at <a href="mailto:tpsgc.vieprivee-privacy.pwgsc@tpsgc-pwgsc.gc.ca">tpsgc.vieprivee-privacy.pwgsc@tpsgc-pwgsc.gc.ca</a>. If you are not satisfied with the response to your privacy concern or if you want to file a complaint about the handling of your personal information, you may wish to contact the Office of the Privacy Commissioner of Canada.</p>

<b>A – Administrative information</b>	
1 – Surname	2 – Given name(s) ( <b>add</b> parentheses around the usual name used)
3 – Date of birth (year-month-day)	4 – Title
5 – Legal name of registered business	6 – Business address
7 – Business telephone	8 – Business e-mail

<b>B – Security clearance information</b>	
1 – Type of clearance (check one and attach a copy of the screening certificate, if available)	
Secret	Top secret
Transportation security	North Atlantic Treaty Organization (NATO) Secret
2 – Issuing government organization	
3 – Period of validity	
_____	_____
Start date (year-month-day)	End date (year-month-day)



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### C – Consent

I, the undersigned, hereby give my consent to the Controlled Goods Program and the designated official of the above-mentioned registered business to use the security clearance that I obtained from the above-mentioned government and any information relative to such clearance.

I, the undersigned, have read the privacy notice above and consent to the collection, use, or disclosure of my personal information in this application for its subsequent verification, inquiry, assessment, and/or use in an investigation to determine the risk posed for the unauthorized transfer of items identified in the Controlled Goods List contained in the Schedule to the *Defence Production Act*.

My consent will remain valid until I no longer have the requirement to examine, possess, or transfer items identified in the Controlled Goods List contained in the Schedule to the *Defence Production Act*, until I am no longer associated with the business listed in the initial application, or until I send written notice to the Controlled Goods Program to revoke my consent.

**I understand that if I refuse to provide consent I will be prohibited from submitting this application and from examining, possessing, or transferring items identified in the Controlled Goods List contained in the Schedule to the *Defence Production Act*.**

#### Law enforcement record check

I understand/am aware that my personal information (including fingerprints when applicable) may be disclosed to Canadian government entities and credit reporting agencies which conduct verifications and/or investigations, and that the personal information along with any other information about me or my associations contained in any accessible records and databases under their control, may be verified against references **to enable an assessment of my trustworthiness and reliability** for the purpose of security assessment and **released to any institution of the Government of Canada, including the Royal Canadian Mounted Police (RCMP). This information may include my**

- **criminal history**
- **convictions**
- **charges**
- **dismissals and court orders**

***I give the Royal Canadian Mounted Police (RCMP) permission to release to any institution of the Government of Canada, in whole or in part, the information it has collected about me in relation to this security assessment, and understand it may be released to the Designated Official of the registered person in relation to this security assessment.***

\_\_\_\_\_

Print name

Signature

Date (year-month-day)

\_\_\_\_\_

Telephone number

Email

**Warning:** Any false statement, misrepresentation, or concealment of any material fact on this application or any document presented in support of this application may lead to denial, suspension, or revocation of your application and be grounds for criminal prosecution under section 45(2) of the *Defence Production Act*.