



## Security Clearance Application Form

### Access to Cannabis for Medical Purposes Regulations (ACMPR)

#### Privacy Notice Statement

The personal information you provide on this form to Health Canada is governed in accordance with the *Privacy Act*. This Notice explains the purposes of the collection and use of the personal information you provide on this form. We only collect the information required for a security clearance as part of the application pursuant to the *Access to Cannabis for Medical Purposes Regulations* (ACMPR). Security clearance is a requirement under the ACMPR for issuance of a licence to produce marihuana for medical purposes. A refusal to provide the information requested on this form will result in a refusal to process the application. The personal information collected by Health Canada will be used to process the application. The personal information collected by Health Canada will also be disclosed to the Royal Canadian Mounted Police (RCMP) for the purpose of conducting a criminal record check and a check of the relevant files of other law enforcement agencies, including intelligence gathered for law enforcement purposes. In some cases, personal information may be disclosed without your consent for purposes not outlined here pursuant to subsection 8 (2) of the *Privacy Act*. A Personal Information Bank (PIB) is under development and will be included in [infosource.gc.ca](http://infosource.gc.ca). You have the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact the Privacy Management Division at 613-946-3179 or [privacy-vie.privee@hc-sc.gc.ca](mailto:privacy-vie.privee@hc-sc.gc.ca). You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

Administrative Information (To be completed by Department)		
Surname	New      Update	Request #
Individual applicant / Company Name:		
Position of the Person for the Individual applicant/Company:		
Part A - Requirements Checklist (To be submitted by applicant)		
<p>All 5 pages of the application form completed and signed.</p> <p>A copy of a valid piece of photo identification issued by the government of Canada or a province or a copy of the applicant's passport that includes the passport number, country of issue, expiry date and the applicant's photograph.</p> <p>Applicant's Fingerprints – Please confirm that you have submitted the Security Clearance Fingerprint Third Party Consent to Release Personal Information Form to a Canadian police force or private accredited fingerprinting agency accredited by the RCMP.</p>		
Part B - Biographical Information (To be completed by applicant)		
What is your preferred Official Language for communication?      English      French		
Surname (last name)	Full given names (no initials) underline or circle name used	
Surname at birth	All other names used (nicknames; former surnames)	

Date of Birth	Place of birth - City		Province/State		Country	
Birth Certificate Number:			Province of Issue:			
Sex Male    Female	Eye Colour	Hair Colour		Height (cm/in)	Weight (kg/lbs)	
Municipality & Country of Birth			Port of Entry		Date of Entry	
If Naturalized Canadian provide Certificate Number					Date of Issue	
If Permanent Resident provide Certificate Number					Date of Issue	
Have you ever been convicted in Canada of an offence for which you have not been granted a pardon?  If yes, please provide more information.					Yes    No	
Have you ever been convicted outside Canada of an offence for which you have not been granted a pardon?  If yes, please provide more information.					Yes    No	
<b>PART C - Addresses of all locations where you have resided during the last five (5) years, starting with most current.</b>  <b>There should be no gaps. (Rural addresses to include lot and Civic number)</b>						
Apt #	Street #	Street Name		Civic number (if applicable)	From YY    MM    To YY    MM	
City		Province or State	Postal Code	Country	Telephone number	
Apt #	Street #	Street Name		Civic number (if applicable)	From YY    MM    To YY    MM	
City		Province or State	Postal Code	Country	Telephone number	
Apt #	Street #	Street Name		Civic number (if applicable)	From YY    MM    To YY    MM	
City		Province or State	Postal Code	Country	Telephone number	

Apt #	Street #	Street Name	Civic number (if applicable)	From		To	
				YY	MM	YY	MM
City		Province or State	Postal Code	Country	Telephone number		

Apt #	Street #	Street Name	Civic number (if applicable)	From		To	
				YY	M	YY	MM
City		Province or State	Postal Code	Country	Telephone number		

## Part D – Employment History

**Name & address of employers, schools where you have worked/attended during the last five (5) years starting with most current. Include times of unemployment if applicable (there should be no gaps). If you were unemployed in the previous five (5) years, you must indicate your residential address at that time.**

Name of employer/educational institution - do not use initials	From		To	
	YY	MM	YY	MM
Address of Employer/educational institution (street number, name, city, province or state and country)				

Name of employer/educational institution - do not use initials	From		To	
	YY	MM	YY	MM
Address of Employer/educational institution (street number, name, city, province or state and country)				

Name of employer/educational institution - do not use initials	From		To	
	YY	MM	YY	MM
Address of Employer/educational institution (street number, name, city, province or state and country)				

Name of employer/educational institution - do not use initials	From		To	
	YY	MM	YY	MM
Address of Employer/educational institution (street number, name, city, province or state and country)				

<b>Part E - Marital Status/Common-Law Partnership</b>			
Current Status			
Married    Common-Law Partnership    Separated    Widowed    Divorced    Single			
<b>Current Spouse/Common-Law Partner:</b>			
Surname, Given names			Maiden Name (if applicable)
Sex: Female    Male	Present citizenship of Current Spouse/Common-Law Partner / Nationality		
Date of marriage/common-law partnership	City, province/state, country of marriage/common-law partnership		
City, province/state, country of birth of spouse or common-law partner			Date of birth
If born in Canada Birth Certificate Number		If separated, widowed, or divorced specify date	
Province of Issue		If born outside of Canada Port and Date of Entry	
If Naturalized Canadian provide certificate number		Date of Issue	
Present address (apartment number, street number, street name, city, province/state and country)			
Name and address of employer - do not use initials			
<b>Previous Spouse/Common-Law Partnership:</b>			
Surname, Given name(s) (if within past 5 years)		Maiden Name (if applicable)	
Sex: Female    Male	Present citizenship of Previous Spouse/Former Common-Law Partnership		
Date of marriage/common-law partnership	City, province/state and country of marriage/common-law partnership		
Date of divorce, separation, deceased	City, province/state and country of divorce, separation, death		
City, province/state, country of birth (if known)			Date of birth
Present address (apartment number, street number, street name, city, province/state and country - if known)			

Part F - Travel outside Canada 90 days or over in the last five (5) years				
Date of Travel			Destination	Purpose of Travel
YY	MM	DD		
Date of Travel			Destination	Purpose of Travel
YY	MM	DD		
Date of Travel			Destination	Purpose of Travel
YY	MM	DD		
Date of Travel			Destination	Purpose of Travel
YY	MM	DD		
Date of Travel			Destination	Purpose of Travel
YY	MM	DD		
Date of Travel			Destination	Purpose of Travel
YY	MM	DD		

## Part G - Consent and Certification

Providing misleading or false information on this application may result in a refusal or cancellation of the security clearance.

For security clearance purposes, I consent to the disclosure by the Royal Canadian Mounted Police (RCMP) to other law enforcement agencies, of any and all information provided by me in support of this application. Without limiting the generality of the foregoing, this includes information relating to my date of birth, education, residential history, employment history, and immigration and citizenship status in Canada. I also consent to the disclosure and use of my fingerprints and facial images for identification purposes.

I consent to the disclosure by law enforcement agencies to Health Canada and/or the RCMP of any and all information relevant to this security clearance application, including information in my criminal record and any other information contained in law enforcement records, including information gathered for law enforcement purposes, as well as any and all information that will facilitate the conduct of a security assessment. This includes non-conviction information, charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository of Criminal Records and local records available to police services.

For security clearance purposes, I hereby authorize Health Canada to seek, verify, assess, collect, and retain for a period of two (2) years after the expiry date of the producer's licence, any and all information relevant to this application including any criminal records and any and all information contained in law enforcement files, including intelligence gathered for law enforcement purposes, and information with respect to my immigration and citizenship status, as well as any and all information that will facilitate the conduct of a security assessment. This includes non-conviction information, charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository of Criminal Records and local records available to police services.

For security clearance purposes only, I consent to the release by other Canadian institutions or agencies to Health Canada, of information relevant to this application for a security clearance to enable Health Canada to perform security screening assessments in order to determine whether a security clearance should be granted to me.

This consent is given solely for security clearance purposes. Unless cancelled in writing by me and notification is given in writing to Health Canada, this consent shall remain valid for conducting all the necessary verifications, specified checks, assessments and/or investigations, including any subsequent required verifications, if need be, as well as any requirements for updates.

I certify that all the information set out by me in this application for a security clearance, including any supporting documentation, is true and correct to the best of my knowledge and belief.

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Applicant Name Printed in Block Letters

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Applicant's Signature

Date

Home telephone

Work telephone

## **Important Information and Instructions for Completion of Security Clearance Form Under the Access to Cannabis for Medical Purposes Regulations (ACMPR)**

**NOTE:** Key persons identified in a licensed producer application must hold a security clearance granted under the *Access to Cannabis for Medical Purposes Regulations (ACMPR)*. To apply for a security clearance, a duly completed Security Clearance Application Form must be submitted by the applicant. The following persons must hold a security clearance: the proposed Senior Person in Charge, the proposed Responsible Person in Charge, any proposed Alternate Responsible Person(s) in Charge, if the producer's licence is issued to an individual, that individual, if the producer's licence is issued to a corporation, each Director and Officer of the corporation.

### **1. General:**

- 1.1 If clarification of information is required, a Canadian Government Official may contact the applicant to obtain additional information in order to complete the security screening process and an interview of the applicant may be requested.
- 1.2 This form is to be completed using an automated system or printed in block letter format in black ink.
- 1.3 Please read and follow the instructions carefully.
- 1.4 The original signed copy must be submitted.
- 1.5 It is important that a copy of the completed application be retained by the applicant for future reference.
- 1.6 Incomplete or illegible forms will NOT be considered.
- 1.7 All names are to be in full (no initials).
- 1.8 Addresses are to include, where applicable, civic or township name and the lot and concession numbers.
- 1.9 If information is not known or is unavailable please indicate this on the form and on a separate sheet of paper explain the cause of circumstances.
- 1.10 All dates are to be entered in order of, YEAR, MONTH and DAY as applicable.
- 1.11 If space allotted in any portion of the form is insufficient please use a separate sheet of paper using the same format.

### **2. Part A: Requirements checklist**

- 2.1 Please ensure that all pages of the application form have been completed, that the application is signed and dated and that all required additional documentation is submitted with the application.
- 2.2 Health Canada to verify that all required documentation has been received.

### **3. Part B: Biographical Information**

- 3.1 To be completed by the applicant.
- 3.2 If naturalized Canadian, it is important to provide the certificate number and date of issue. Please include a copy of the certificate with the application form.
- 3.3 If permanent resident, it is important to show the certificate number and date of issue. Please include a copy of the certificate with the application form.

### **4. Part C: Address History**

- 4.1 To be completed by applicant.

- 4.2 Ensure current address is recorded first.
- 4.3 Addresses must cover the last five (5) years from date of application and should contain no gaps.
- 4.4 The postal code is mandatory for the current address, and if known, for previous address.
- 4.5 For rural area, include civic number or lot, concession and township number.

## **5. Part D: Employment History**

- 5.1 To be completed by applicant.
- 5.2 Ensure current employment is recorded first.
- 5.3 Employment history must cover the last five (5) years from date of application. Include periods of time at school or unemployment to ensure no gap in the five year period. If you were unemployed in the previous five (5) years, you must also indicate your residential address at that time.
- 5.4 You must also provide your employment title including if you have indicated that you are self-employed.
- 5.5 Full name and full address of employer/educational institution is required. No initials.

## **6. Part E: Marital Status/Common-law partnership**

- 6.1 To be completed by applicant.
- 6.2 Common-law partner in relation to the applicant, means a person who is cohabitating with the applicant in a relationship of a conjugal nature, and that has done so for a period of at least one year. This includes persons of the same sex.
- 6.3 Include current spouse/common-law partner as applicable.
- 6.4 If spouse or common-law partner is deceased, date of death and last address while living are to be shown.
- 6.5 Include previous spouse/common-law partner as applicable during the last five years. If a previous spouse or common-law partner is deceased, include date of death.
- 6.6 All other questions to be answered as set forth in Part E.

## **7. Part F: Travel outside of Canada**

- 7.1 To be completed by applicant.
- 7.2 Provide the dates, destination and purpose of any travel of more than 90 days outside of Canada during the five (5) years preceding the application. This excludes travel for government business.

## **8. Part G: Signature and Date**

- 8.1 Application must be signed and dated by applicant.