

SECURITY CLEARANCE APPLICATION FORM

MARIHUANA FOR MEDICAL PURPOSES REGULATIONS (MMPR)

Privacy Notice Statement

The information you provide on this form is required by Health Canada for the purpose of having a security screening assessment conducted as part of the application process for a licence to produce marihuana for medical purposes. This Notice explains the purposes of the collection and use of the personal information you provide on this form. The collection and use of your personal information is in accordance with the federal *Privacy Act* and collected under the authority of the *Marihuana for Medical Purposes Regulations* (MMPR). The personal information collected is retained in Health Canada Personal Information Bank number HC PPU 073 and will be processed by the Office of Controlled Substances (OCS). Security clearance is a requirement under the MMPR for issuance of a licence to produce marihuana for medical purposes. A refusal to provide the information requested on this form will result in the refusal of the application. The information collected by Health Canada will be disclosed to the Royal Canadian Mounted Police (RCMP) for the purpose of conducting a criminal activity check. 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*. The *Privacy Act* states that you have the right to access your personal information and request changes to incorrect information or make changes to the information disclosed in this form.

ADMINISTRATIVE INFORMATION (To be completed by Department)						
Surname		New <input type="radio"/> Update <input type="radio"/>			Request #	
Individual applicant / Company Name:						
Position of the Person for the Individual applicant/Company:						
Part A - Requirements Checklist (To be submitted by applicant)						
<input type="radio"/> All 5 pages of the application form completed and signed. <input type="radio"/> 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. <input type="radio"/> 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.						
PART B - Biographical Information (To be completed by applicant)						
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
Year	Month	Day				
Birth Certificate Number:				Province of Issue:		
Sex Female <input type="radio"/> Male <input type="radio"/>		Marital Status		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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C - Addresses of all locations where you have resided during the last five (5) years, starting with most current. There should be no gaps. (Rural addresses to include lot and Civic number)

Apt #	Street #	Street Name	Civic number (if applicable)	From Y M	To Y M
City		Province or state	Postal Code	Country	Telephone number ()
Apt #	Street #	Street Name	Civic number (if applicable)	From Y M	To Y M
City		Province or state	Postal Code	Country	Telephone number ()
Apt #	Street #	Street Name	Civic number (if applicable)	From Y M	To Y M
City		Province or state	Postal Code	Country	Telephone number ()
Apt #	Street #	Street Name	Civic number (if applicable)	From Y M	To Y M
City		Province or state	Postal Code	Country	Telephone number ()
Apt #	Street #	Street Name	Civic number (if applicable)	From Y M	To Y M
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).

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

Part E – Marital Status/Common-Law Partnership

Current Status				
Married <input type="radio"/> Common-Law Partnership <input type="radio"/> Separated <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/>				
Current Spouse/Common-Law Partner: Surname, Given names		Maiden Name (if applicable)	Present citizenship of Current Spouse/Common-Law Partner / Nationality	
Sex: Female <input type="radio"/> Male <input type="radio"/>				
Date of marriage/common-law partnership		City, province/state, country of marriage/common-law partnership		
Y	M	D		
City, province/state, country of birth of spouse or common-law partner		Date of birth	Y	M
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					
Previous Spouse/Common-Law Partnership: Surname, Given name(s) (if within past 5 years)			Present citizenship of Previous Spouse/Former Common-Law Partnership		
Maiden Name (if applicable)					
Sex: Female <input type="radio"/> Male <input type="radio"/>					
Date of marriage/common-law partnership		City, province/state and country of marriage/common-law partnership			
Y	M	D			
Date of divorce, separation, deceased		City, province/state and country of divorce, separation, death			
Y	M	D			
City, province/state, country of birth (if known)		Date of birth	Y	M	D
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		
Y	M				D
Date of Travel		Destination	Purpose of Travel		
Y	M				D
Date of Travel		Destination	Purpose of Travel		
Y	M				D
Date of Travel		Destination	Purpose of Travel		
Y	M				D
Date of Travel		Destination	Purpose of Travel		
Y	M				D

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 image for identification purposes during the course of the security clearance process

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, 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.

Applicant Name Printed in Block Letters

Applicant’s Signature

Date (AAAA/MM/DD)

Home telephone

Work telephone

IMPORTANT INFORMATION AND INSTRUCTIONS FOR COMPLETION OF SECURITY CLEARANCE FORM UNDER THE MARIHUANA FOR MEDICAL PURPOSES REGULATIONS (MMPR)

NOTE: As part of the Application to Become a Licensed Producer under the Marihuana for Medical Purposes Regulations, a Security Clearance Application Form must be completed by the applicant. A duly completed Security Clearance Application Form must be submitted for all parties identified in the Application to Become a Licensed Producer under the *Marihuana for Medical Purposes Regulations*. The applicants that apply as an individual include the proposed Senior Person in Charge, the proposed Responsible Person in Charge, any proposed Alternate Responsible Person(s) in Charge. In the case of a corporation, each Director and Officer of the corporation must also complete a security clearance form.

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 investigation 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 Application completed and signed. All required additional documentation to be submitted with 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 show 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.
- 5.4 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 partnership in relation to the applicant, means a person who is cohabitating with the individual in a conjugal relationship, having so cohabitated 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 any person 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 person is deceased, date of death.
- 6.6 All other questions to be answered as set forth.

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 90 days or more 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.