



CONSENT TO USE A GOVERNMENT OF CANADA SECURITY CLEARANCE

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

A – Administrative Information		
1 - Surname		2 - Given name(s) (<u>underline</u> the usual name used)
3 - Date of birth (YYYY-MM-DD)		4 - Business title
5 - Legal name of registered business		6 - Business civic address
7 - Business telephone number () -	8 - Business facsimile number () -	9 - Business e-mail address
B – Security Clearance Information		
1 - Type of clearance (check one and attach evidence of the clearance)		
<input type="checkbox"/> Secret <input type="checkbox"/> NATO Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Other (specify) _____		
2 - Issuing government organization		
3 - Period of validity		
_____		_____
Start date (YYYY-MM-DD)		End date (YYYY-MM-DD)
G – Certification and Consent to Use a Government of Canada Security Clearance		
<p>I, the undersigned, do hereby certify that the information contained in this consent form is true, complete and correct. I understand the need for a security assessment, since in the course of my duties I will examine, possess or transfer controlled goods. I give my consent to the Controlled Goods Program/Designated Official of the above-mentioned registered business to use the security clearance that I obtained from the Government of Canada and any information relative to such clearance. I acknowledge and agree to comply with the responsibilities outlined in the <i>Defense Production Act</i> and the <i>Controlled Goods Regulations</i> with respect to examining, possessing and transferring controlled goods in Canada.</p>		
_____		_____
Signature		Date (YYYY-MM-DD)

Protection of Information

Information provided in this consent form is protected and used in accordance with the provisions of the *Privacy Act*, the *Personal Information Protection and Electronic Documents Act* and the *Defence Production Act*.