



Controlled Goods Registration Program

“Security Assessment Application” – Temporary Worker

PWGSC File No.

CGRP Registration No.

A – General Information

<p>1. Does the individual currently possess a valid security clearance?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, attach evidence which includes:</p> <p>Country of issuance, issuing government department, level, date granted, expiry date, and if applicable, file no.</p>	<p>2. Registered Person’s Name:</p>
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B – Biographical Information

3. Surname (Last name)	4. Full names(s) (no initials, underline usual name used)	
5. Family name at birth	6. All other names used (i.e. nicknames)	
7. Date of birth (YYYY-MM-DD)	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Citizenship

C – Criminal History

10. Have you ever been convicted of a criminal offence in or outside of Canada for which you have not been granted a pardon?

YES NO

If you replied yes, provide the following details:

a. Description of the charge(s)		
b. Name of police force	c. City, province/state and country	
d. Date of conviction (YYYY-MM-DD)	e. Surname (last name) at the time of conviction	

D – List your address(es) for the past 5 years, beginning with the most recent (use an extra sheet if necessary).

Street address	City and province/state	Postal/zip code	Country	From (YY-MM)	To (YY-MM)
11a.					
b.					
c.					
d.					
e.					



**E – Activities during the past 5 years, beginning with the most recent (use an extra sheet if necessary).
Account for the entire period, including employment, unemployment, education, etc.
If applicable, attach evidence of your educational history.**

Activity	Street address, city, province/state, postal/zip code and country	From (YY-MM)	To (YY-MM)
12a.			
b.			
c.			
d.			
e.			

**F – Personal References
Provide 3 personal references whose combined knowledge of you covers the past 5 years (relatives are not suitable references).**

Name	Residential address	Home telephone no.	Business telephone no.
13a.		()	()
b.		()	()
c.		()	()

**G – Consent (to be completed by the Temporary Worker)
Verification (to be completed by the Designated Official and the CGRP Official)**

Consent	Temporary worker initials	Verification			
		Designated Official		CGRP Official	
		Name	Initials	Name	Initials
13. Identity, date of birth and citizenship					
14. Residential address(es), education, employment history					
15. Criminal history					
16. Any other information deemed necessary					

I, the undersigned, do hereby consent to the disclosure of the information contained in this application and its subsequent verification by the Government of Canada, certify that the information contained in this application is true, complete and correct, and acknowledge and agree to comply with the *Defence Production Act* and the *Controlled Goods Regulations* with respect to examining or possessing a controlled good or transferring a controlled good to another person in Canada.

_____ Signature _____ Date (YYYY-MM-DD)



H – Evaluation (To be completed by the Designated Official)

I, _____ certify that the information contained in this application is true, complete and correct and that I
(Name)
have evaluated the honesty, reliability and trustworthiness of the temporary worker.

Signature

Title

Date

(YYYY-MM-DD)

Name of the registered person

I – Evaluation (To be completed by CGRP Official)

I, _____ certify, based on the information provided that the temporary worker is honest, reliable and
(CGRP Official)
trustworthy and does not pose a risk of transferring Controlled Goods to an unauthorized individual.

Signature

Title

Date

(YYYY-MM-DD)

**IT IS AN OFFENCE UNDER THE DEFENCE PRODUCTION ACT (DPA) TO MAKE A FALSE OR MISLEADING STATEMENT
WHEN COMPLETING THIS APPLICATION FOR EXEMPTION FROM REGISTRATION UNDER THE CGRP.
YOU CAN BE CHARGED WITH AN OFFENCE UNDER THE DPA**

Privacy Act Statement

The information you provide in this application is collected under the authority of the *Defence Production Act* (DPA) and will be stored in personal information bank _____. Your disclosure of personal information is in accordance with the *Personal Information Protection and Documents Act*, subsections 7(3)(c.1)(iii) and 7(3)(h.2)(i). Personal information you provide is protected under the provisions of the *Privacy Act* and may be shared in accordance with section 8 of that same Act or for any other purposes stated in the DPA.

Duration

The exemption of an individual from registration is valid for the period specified in the certificate of exemption.

The period of validity will not go beyond the expiry date of the individual's Employment Authorization.



Controlled Goods Registration Program

Temporary Worker Security Assessment Application Instructions for Completion

General

Complete all sections. If an item is not applicable, indicate "N/A" in the space provided. If additional space is required, use an extra sheet of paper and attach it to the application. Incomplete applications will result in delays or rejection of the application.

Section A

Completion of this form is mandatory even if the individual indicates that they currently possess a valid Enhanced Reliability Status or security clearance.

Section B

Enter your surname (last name), and full given name(s). Do not use initials, and **underline the usual name you use**. Enter your family name at birth, all other names you use, such as nicknames, and date of birth. Identify your gender.

Attach a copy of:

- your current passport; and
- your Employment Authorization issued by Citizenship and Immigration Canada.

Section C

Identify whether you have ever been convicted of a criminal offence in or outside of Canada for which you have not been granted a pardon. If yes, attach a Royal Canadian Mounted Police (RCMP) fingerprint form (C216-C) or other forms used for the same purpose in other countries and provide:

- a description of the charge(s);
- the name of the police force involved;
- the city, province/state and country of the criminal offence;
- the date of conviction; and
- your surname (last name) at the time of the conviction.

Section D

List your address(es) for the past 5 years, beginning with the most recent.

Section E

List your activities during the past 5 years, beginning with the most recent. Account for the entire period, including employment, unemployment, education, etc. If applicable, attach evidence of your educational history, such as a copy of your diploma or degree.

Section F

Enter the name, residential address, and home and work telephone numbers of 3 personal references whose combined knowledge of you covers the past 5 years. Relatives are not considered suitable personal references.

Section G

A copy of Section "G" may be released to institutions to provide acknowledgment of consent.

The temporary worker must initial in the appropriate box to signify their consent to disclosure of the respective information and its verification.

The Designated Official and the CGRP Official must print their name and initials in the appropriate box to signify that the subject information has been verified.

Criminal records checks are conducted on each temporary worker. Credit checks may also be conducted.

For further information on the Controlled Goods Registration Program, contact one of our Information Services Officer at 1-866-368-4646.



Public Works and
Government Services
Canada

Travaux publics et
Services gouvernementaux
Canada

Any changes to information contained in this application must be reported promptly to:

CONTROLLED GOODS PROGRAM
C/O CENTRAL MAIL ROOM
PLACE DU PORTAGE PHASE III OB3
11 LAURIER ST GATINEAU
3RD FLOOR
2745 IRIS ST
OTTAWA ON K1A 0S5