



CONTROLLED GOODS DIRECTORATE (CGD)

SECURITY ASSESSMENT APPLICATION - DESIGNATED OFFICIALS AND SOLE PROPRIETORS

PLEASE READ INSTRUCTIONS CAREFULLY
IF A SECTION DOES NOT APPLY, INDICATE "N/A" (NOT APPLICABLE)

A – Preferred language of correspondence (check one)		<input type="checkbox"/> English	<input type="checkbox"/> French
B – Eligibility Criteria		C – Security Clearance	
1 – Are you a (check one) <input type="checkbox"/> Canadian Citizen ordinarily resident in Canada <input type="checkbox"/> permanent resident ordinarily resident in Canada Attach evidence of Canadian citizenship or permanent resident status		1 - Do you possess a valid security clearance (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , attach evidence which includes: - country of issuance - issuing government organization - level of clearance - date granted and expiry date - file number (if applicable)	
D – Biographical Information Attach evidence to validate your identity			
1 - Surname		2 - Given name(s) (<u>underline</u> the usual name used)	
3 - Family name at birth		4 - All other surnames	
5 - Date of birth (YYYY-MM-DD)		6 - Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
E – Criminal History (use a separate page if required)			
1 - Have you ever been convicted of a criminal offence in or outside of Canada for which you have not been granted a pardon (check one)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no , proceed to section F. If yes , complete the remainder of section E and attach a RCMP fingerprint form (C216-C).			
2 - Description of conviction(s)			
3 - Date of conviction (YYYY-MM-DD)		4 - City, province/state and country	
5 - Name of police force		6 - Penalty(s) imposed for conviction(s)	



F – Travel History (use a separate page if required)

1 - Have you traveled outside Canada (excluding USA) during the last 5 years (check one)? Yes No

If **no**, proceed to section G.
If **yes**, list the countries visited for personal and business travel, beginning with the most recent.

Country	Purpose	From (YYYY-MM)	To (YYYY-MM)
A			
B			
C			
D			

G – Residential History (use a separate page if required)
List your address(es) during the last 5 years, beginning with the most recent.

Address(es) (include street, city, province/state, postal/zip code and country)	From (YYYY-MM)	To (YYYY-MM)
A		
B		
C		
D		
E		

H – Education History (use a separate page if required)
List the educational institutions attended during the last 5 years, beginning with the most recent.
Attach evidence.

Name of institution (include city, province/state and country)	From (YYYY-MM)	To (YYYY-MM)
A		
B		

I – Employment History (use a separate page if required)
List your activities during the last 5 years, beginning with the most recent.
Account for entire period, including unemployment, and attach a copy of your curriculum vitae.

Activity	Address (include city, province/state and country)	From (YYYY-MM)	To (YYYY-MM)
A			
B			
C			
D			
E			



J – Personal References (non family members) Note, a minimum of 1 reference must have knowledge of you during the last 5 years		
1A - Surname, given name	B - Relationship	C - Home address
D - Known since (YYYY)	E - Business telephone number () -	F - Home telephone number () -
2A - Surname, given name	B - Relationship	C - Home address
D - Known since (YYYY)	E - Business telephone number () -	F - Home telephone number () -
3A - Surname, given name	B - Relationship	C - Home Address
D - Known since (YYYY)	E - Business telephone number () -	F - Home telephone number () -
K – Certification and Consent		
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. I certify that the information contained in this application is true, complete and correct. I acknowledge and agree to comply with the responsibilities outlined in the <i>Defence Production Act</i> and in Section 13 of the <i>Controlled Goods Regulations</i> .		
1 - Title	2 - Business mailing address	
3 - Business telephone number () -	4 - Business facsimile () -	
5 - Home telephone number () -	6 - Business e-mail address	
7 - Do you consent to have your name and business telephone number appear on the CGP Web site (check one)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8 - Signature of proposed Designated Official or Sole Proprietor		
_____ Signature		_____ Date (YYYY-MM-DD)

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 REGISTRATION AND BE GROUNDS FOR CRIMINAL PROSECUTION.

Protection of Information

Personal Information provided on this application is protected and used in accordance with the provisions of the *Privacy Act* (Personal Information Bank Number PWGSC PPU 045). The information is collected under the authority of the *Defence Production Act* to determine the current and ongoing entitlement of your company to register with the Controlled Goods Program. The information may be verified.



INSTRUCTIONS FOR COMPLETION

General Information

Complete all sections of the Security Assessment application. If an item is not applicable, indicate "N/A" in the space provided. If additional space is necessary, use an extra sheet of paper and attach it to the application. Please identify your full name (surname and given names) on each attachment.

Document Checklist

You **must** provide the following documentation:

- ✓ For Canadian citizens ordinarily resident in Canada, attach a copy of one of the following as evidence of citizenship:
 - current Canadian passport;
 - Canadian Citizenship Certificate;
 - Canadian Birth Certificate; or
 - Canadian Baptismal Certificate.
- ✓ For permanent residents ordinarily resident in Canada, attach a copy of the following as evidence of your permanent resident status:
 - Record of Landing (IMM 1000); or
 - Permanent Resident card (IMM 5445).
- ✓ Evidence to validate your identity. Attach a copy of one of the following:
 - valid Canadian driver's license with laminated photograph;
 - employee identification card with laminated photograph.
- ✓ A copy of your *curriculum vitae*, as evidence of your employment history.

If applicable, you must also provide the following documentation:

- ✓ A Royal Canadian Mounted Police (RCMP) fingerprint form (C216-C), if convicted of a criminal offence in or outside of Canada for which you have not been granted a pardon.
- ✓ Evidence of your educational history during the last five years, such as a copy of your diploma or degree.



Amendments

Any changes to the information provided to the CGP must be reported promptly by completing sections D and K as well as the applicable section(s) on the application.

Where to Send the Application

Once the application is complete, please submit it via facsimile or mail to the CGP at one of the following:

Address

Controlled Goods Directorate (CGD)

Travaux publics et Services gouvernementaux Canada
Public Works and Government Services Canada
C/O Central Mailroom
Place du Portage Phase III OB3
11 Laurier Street Gatineau
3rd Floor
2745 Iris Street
Ottawa ON K1A 0S5

Facsimile Number

(613) 948-1722

How to Contact Us

Telephone

Toll-free 1 866-368-4646
National Capital Region (613) 948-4176

Email

ncr.cgd@pwgsc.gc.ca

Facsimile

(613) 948-1722

Web site

www.cgd.gc.ca