

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*.

2 - Given name(s) (unc	lerline the usual name used)	
2 - Given name(s) (<u>underline</u> the usual name used)		
4 - Business title		
6 - Business civic addre	ess	
facsimile number	9 - Business e-mail address	
) -		
B - Security Clearance Information		
1 - Type of clearance (check one and attach evidence of the clearance)		
Secret		
(specify)		
2 - Issuing government organization		
3 - Period of validity		
End dat	e (YYYY-MM-DD)	
C – Certification and Consent to Use a Government of Canada Security Clearance		
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 and/or controlled technology. I give my consent to the Controlled Goods Directorate/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 and/or controlled technology in Canada. Signature Date (YYYY-MM-DD)		
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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*.

