*	
---	--

Government Gouvernement du Canada

Cana

File number

OFFICE USE ONLY Department/Organization number

PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

NOTE: For Privacy Act Statement refer to Section C of this form and for completion instructions refer to attached instructions.

Reference number

Please typewrite or print in block letters.

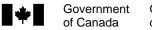
Α	ADMINIST	RATIVE INFORM	IATION (To b	e compl	eted by the	Authorized	Departmen	ital/Agency	Organization	al Official)			
	New	U	odate	ı	Upgrade		Transfe	r	Suppl	emental		Re-activa	tion
The	requested lev	el of reliability/secu	rity check(s)										
	Reliability S	Status	Level I (CONFID	ENTIAL)	Level	II (SECRET)	Leve	III (TOP SEC	CRET)				
	Other												
РА	RTICULARS	OF APPOINTM	ENT/ASSIGN	MENT/CO	ONTRACT								
	Indetermina	ate Te	rm	Contract	Ir	ndustry	Other (sp	ecify secondm	ient, assignment	, etc.)			
Jus	ification for se	curity screening red	quirement										
Pos	ition/Competit	ion/Contract numbe	er		Title						Group/I	Level(Rank if a	pplicable
									_				
	oloyee ID num pplicable)	ber/PRI/Rank and S	Service number		If term or cor duration perio	ntract, indicate od		•	From Y	M D	To Y	М	D
Nar	ne and addres	s of department / o	rganization / ager	ю	Name of offic	cial			Telephone nu	mber	Facsim	ile number	
в	BIOGRAPH	ICAL INFORM	TION (To be	complet	ed by the ap	oplicant)							
	name (Last na				en names (no i		ne or circle us	sual name use	ed Fam	ily name at bir	th		
						-							
All o	other names u	sed (i.e. Nickname)		Sex M	ale	Date of birth Y	М	D	City, Province, Co		Date of entro outside Can Y	y into Canada i ada M	if born D
					emale								Ð
curr	ent)	vide addresses for dditional space ava			with the most	Daytime tele	phone numbe	er	E-mail addres				
	Apartment number	Street number	Street name					Civic numbe		Fro		То	
1	hamber							(ii applicable	<i>')</i>	Y	М	preser	nt
	City			Province or state Postal code			Country			Telephone number			
	Apartment	Street number	Street name					Civic numbe		Fro	om	То	
2	number							(if applicable		Y	М	Y	М
-	City	•		Province	or state	Postal code	9	Country		Telephone	number		
		sly completed a anada security scre	ening form?	Ye	s No		s, give name	of employer, le	evel and year of	screening.			Y
			0	OF CAN	IADA (see ir	nstructions)(Additiona	l space ava	ilalble on Pao	ie 4)			
Hav		en convicted of a cr	iminal offence for		•		If yes, give of	•	e(s), name of po		province/sta	ate,	
Cha	irge(s)			Name o	f police force				· · ·	Sity			
	1000/01-1-			Count									
Pro	vince/State			Country	,				Date of convid	tion 🕨	Y	М	D



PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

Canadä

Surname			Date of	fbirth	Y	Μ	D
C CONSENT AND VERIFICATION (To be completed by the applic	ant and aut	horized Departmental/Ag	gency/Orga	nizational (Official)		
Information (See instructions)	Applicant's initials	Name of official (pr	int)	Official's initials	Official's Tel	lephone ni	umber
1. Date of birth, address, education, professional qualifications, employment history, personal character references							
2. Criminal record check							
3. Credit check (financial assessment, including credit records check)							
4. Loyalty (security assessment only)							
5. Other (specify, see instructions)							
The Privacy Act Statement The information on this form is required for the purpose of providing security so Canada and is protected by the provisions of the Privacy Act in institutions which a review of whether the person is eligible to hold the position or perform the cont employee banks PSE 909 for security clearances, PSE 921 for reliability screeni and the RCMP which uses CMP PPU 065. Information related to security assess	re covered by ract that is as ng in all gover	the Privacy Act. Its collection sociated with this Personnel mment agencies, except the I	is mandatory Screening Re Department of	A refusal to quest. The in National Defe	provide informa nformation is st ence which use	ation will le	ead to a
This consent form will become invalid when the applicant no longer requires NOTE: Unless cancelled in writing by the applicant to the authorized se		2		conducting	the specified	l checks	and/or
investigation, including subsequent updating requirements of the Governme				j			
I, the undersigned, do consent to the disclosure of the preceding informati	on and its su	bsequent verification to the	Governmen	t of Canada,	the use of my	v photogra	aph for
	on and its su required.	bsequent verification to the	Governmen	t of Canada,	the use of my	r photogra	aph for
I, the undersigned, do consent to the disclosure of the preceding informati identification purposes and the release of a copy of Section C of this form if	required.	Date (Y/M/D)			-		
I, the undersigned, do consent to the disclosure of the preceding informati identification purposes and the release of a copy of Section C of this form if	required.	Date (Y/M/D)			-		
I, the undersigned, do consent to the disclosure of the preceding informati identification purposes and the release of a copy of Section C of this form if Signature REVIEW (To be completed by the authorized Departmental/Age	required.	Date (Y/M/D)			-		
I, the undersigned, do consent to the disclosure of the preceding informati identification purposes and the release of a copy of Section C of this form if Signature D REVIEW (To be completed by the authorized Departmental/Age A, B and C)	required.	Date (Y/M/D) izational Official respons			-		
I, the undersigned, do consent to the disclosure of the preceding informati identification purposes and the release of a copy of Section C of this form if Signature D REVIEW (To be completed by the authorized Departmental/Age A, B and C) Name and title	ency/Organ	Date (Y/M/D) izational Official response Telephone number Facsimile number	sible for en		-		
I, the undersigned, do consent to the disclosure of the preceding informati identification purposes and the release of a copy of Section C of this form if Signature D REVIEW (To be completed by the authorized Departmental/Age A, B and C) Name and title Address E APPROVAL (To be completed by authorized Departmental/Age only) I, the undersigned, as the authorized security official, do hereby approve the	ncy/Organi	Date (Y/M/D) izational Official response Telephone number Facsimile number zational Security Official	sible for en	suring the (completion o		
I, the undersigned, do consent to the disclosure of the preceding informati identification purposes and the release of a copy of Section C of this form if Signature D REVIEW (To be completed by the authorized Departmental/Age A, B and C) Name and title Address E APPROVAL (To be completed by authorized Departmental/Age only)	ncy/Organi	Date (Y/M/D) izational Official response Telephone number Facsimile number zational Security Official	sible for en	suring the o (for L and/or	-	of sectio	
I, the undersigned, do consent to the disclosure of the preceding informati identification purposes and the release of a copy of Section C of this form if is Signature D REVIEW (To be completed by the authorized Departmental/Age A, B and C) Name and title Address E APPROVAL (To be completed by authorized Departmental/Age only) I, the undersigned, as the authorized security official, do hereby approve the Reliability Status	ncy/Organi	Date (Y/M/D) izational Official response Telephone number Facsimile number zational Security Official	sible for en	suring the o (for L and/or	PHOTO _evel III T.S upon requ	of sectio	
I, the undersigned, do consent to the disclosure of the preceding informati identification purposes and the release of a copy of Section C of this form if is Signature D REVIEW (To be completed by the authorized Departmental/Age A, B and C) Name and title Address E APPROVAL (To be completed by authorized Departmental/Age only) I, the undersigned, as the authorized security official, do hereby approve the Reliability Status Approved Reliability Status	ncy/Organi	Date (Y/M/D) izational Official response Telephone number Facsimile number zational Security Official	sible for en	suring the o (for L and/or	PHOTO _evel III T.S upon requ	of sectio	
I, the undersigned, do consent to the disclosure of the preceding informati identification purposes and the release of a copy of Section C of this form if a Signature D REVIEW (To be completed by the authorized Departmental/Age A, B and C) Name and title Address E APPROVAL (To be completed by authorized Departmental/Age only) I, the undersigned, as the authorized security official, do hereby approve the Reliability Status Approved Reliability Status Not approved Name and title Name and title	ncy/Organi	Date (Y/M/D) izational Official response Telephone number Facsimile number zational Security Official el of screening.	sible for en	suring the o (for L and/or	PHOTO _evel III T.S upon requ	of sectio	
I, the undersigned, do consent to the disclosure of the preceding informati identification purposes and the release of a copy of Section C of this form if is Signature D REVIEW (To be completed by the authorized Departmental/Age A, B and C) Name and title Address E APPROVAL (To be completed by authorized Departmental/Age only) I, the undersigned, as the authorized security official, do hereby approve the Reliability Status Approved Reliability Status Not approved Signature Signature	ncy/Organi	Date (Y/M/D) izational Official response Telephone number Facsimile number zational Security Official el of screening. Date (Y/M/D)	sible for en	suring the o (for L and/or	PHOTO _evel III T.S upon requ	of sectio	
I, the undersigned, do consent to the disclosure of the preceding informati identification purposes and the release of a copy of Section C of this form if is Signature D REVIEW (To be completed by the authorized Departmental/Age A, B and C) Name and title Address E APPROVAL (To be completed by authorized Departmental/Age only) I, the undersigned, as the authorized security official, do hereby approve the Reliability Status Approved Reliability Status Not approved Signature Security Clearance (if applicable)	ncy/Organi	Date (Y/M/D) izational Official response Telephone number Facsimile number zational Security Official el of screening. Date (Y/M/D)	sible for en	suring the o (for L and/or	PHOTO _evel III T.S upon requ	of sectio	
I, the undersigned, do consent to the disclosure of the preceding informati identification purposes and the release of a copy of Section C of this form if a signature D REVIEW (To be completed by the authorized Departmental/Age A, B and C) Name and title Address E APPROVAL (To be completed by authorized Departmental/Age only) I, the undersigned, as the authorized security official, do hereby approve the Reliability Status Approved Reliability Status Not approved Security Clearance (if applicable) Level I Level II Not approved III Name and title Name and title Name and title Name and title	ncy/Organi	Date (Y/M/D) izational Official response Telephone number Facsimile number zational Security Official el of screening. Date (Y/M/D) ed	sible for en	suring the o (for L and/or	PHOTO _evel III T.S upon requ	of sectio	
I, the undersigned, do consent to the disclosure of the preceding informatiidentification purposes and the release of a copy of Section C of this form if a Signature D REVIEW (To be completed by the authorized Departmental/Age A, B and C) Name and title Address E APPROVAL (To be completed by authorized Departmental/Age only) I, the undersigned, as the authorized security official, do hereby approve the Reliability Status Approved Reliability Status Not approved Signature Signature Security Clearance (if applicable) Level II Level II	ncy/Organi	Date (Y/M/D) izational Official response Telephone number Facsimile number zational Security Official el of screening. Date (Y/M/D)	sible for en	suring the o (for L and/or	PHOTO _evel III T.S upon requ	of sectio	



ment Gouvernement ada du Canada

INSTRUCTIONS FOR PERSONNEL SCREENING CONSENT AND AUTHORIZATION FORM TBS/SCT 330-23E (Rev. 2002/07)

Once completed, this form shall be safeguarded and handled at the level of Protected A.

General:

If space allotted in any portion is insufficient please use separate sheet using same format.

1. Section A (Administrative Information) Authorized Departmental/Agency/Organizational Official

The Official, based on instructions issued by the Departmental Security Officer, may be responsible for determining, based on five year background history, what constitutes sufficient verification of personal data, educational and professional qualifications, and employment history. References are to be limited to those provided on the application for employment or equivalent forms.

SUPPLEMENTAL INFORMATION REQUIREMENTS

Persons who presently hold a SECURITY CLEARANCE and subsequently marry, remarry or commence a common-law partnership, in addition to having to update sections of the *Security Clearance Form (TBS/SCT 330-60)*, are required to submit an original *Personnel Screening, Consent and Authorization Form*, with the following parts completed:

- Part A As set forth in each question
- Part B As set forth in each question, excluding CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA.
- Part C Applicant's signature and date only are required

"Other". This should be used to identify if the security screening is for Site Access, NATO, SIGINT etc.

2. Section B (Biographical Information)

To be completed by the *applicant*. If more space is required use a separate sheet of paper. Each sheet must be signed.

Country of Birth - For "NEW" requests, if born abroad of Canadian parents, please provide a copy of your Certificate of Registration of Birth Abroad. If you arrived in Canada less than five years ago, provide a copy of the Immigration Visa, Record of Landing document or a copy of passport.

- List only criminal convictions for which a pardon has NOT been granted. Include on a separate attached sheet of paper, if more than one conviction. Applicant must include those convictions outside Canada.

- Offences under the National Defence Act are to be included as well as convictions by courts-martial are to be recorded.

3. Section C (Consent and Verification)

A copy of Section "C" may be released to institutions to provide acknowledgement of consent.

Criminal record checks (fingerprints may be required) and credit checks are to be arranged through the Departmental Security Office or the delegated Officer.

Consent: may be given only by an applicant who has reached the age of majority, otherwise, the signature of a parent or guardian is mandatory.

The age of majority is:

19 years in NFLD., N.S., N.B., B.C., Yukon, Norhwest Territories and Nunavut;

18 years in P.E.I., Que., Ont., Man., Sask. and Alta.

The applicant will provide initials in the " applicant's initials box".

The official who carried out the verification of the information will print their name, insert their initials and telephone number in the required space.

- Reliability Screening (for all types of screening identified within Section A): complete numbers 1 and 2 and 3 if applicable.
- Security Clearance (for all types of screening identified within Section A): complete numbers 1 to 4 and 5 where applicable.
- Other: number 5 is used only where prior Treasury Board of Canada Secretariat approval has been obtained.

4. Section D (Review)

To be completed by authorized Departmental/Agency/Organizational Official who is responsible for ensuring the completion of sections A to C as requested.

5. Section E (Approval)

Authorized Departmental/Agency/Organizational Security Official refers to the individuals as determined by departments, agencies, and organizations that may verify reliability information and/or approve/not approve reliability status and/or security clearances. Approved Reliability Status and Level I, II and III, as well as the signature of the authorized security official or manager are added for Government of Canada use only. Applicants are to be briefed, acknowledge, and be provided with a copy of the "Security Screening Certificate and Briefing Form (TBS/SCT 330-47)". Note: Private sector organizations do not have the authority to approve any level of security screening.

Photographs: Departments/Agencies/Organizations are responsible for ensuring that three colour photographs of passport size are attached to the form for the investigating agency. Maximum dimensions are 50mm x 70mm and minimum are 43mm x 54mm. The face length from chin to crown of head must be between 25mm x 35mm. The photographs must be signed by the applicant and an authorized security official. The photographs must have been taken within the last six months. It is required for new or upgrade Level III security clearances for identification of the applicant during the security screening investigation by the investigating agency. The investigating agency may in specific incidents request a photograph for a Level I or II clearances when an investigation is required.

Canadä

RESIDENCE (Additional Information)

3	Apartment number	Street Number	Street Name		Civic Numb er (if applicable)	Y M	To Y M		
	City		Province or state	Postal code	Country	Telephone number	Telephone number		
4	Apartment number	Street Number	Street Name		Civic Numb er (if applicable)	From Y M	To Y M		
	City		Province or state	Postal code	Country	Telephone number			
5	Apartment number	Street Number	Street Name		Civic Numb er (if applicable)	From Y M	To Y M		
	City		Province or state	Postal code	Country	Telephone number			
6	Apartment number	Street Number	Street Name		Civic Numb er (if applicable)	From Y M	To Y M		
Ŭ	City		Province or state	Postal code	Country	Telephone number	1		

CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (Additional Information)								
Charge(s)	Name of Police Force		City					
Province/State	Country	Date of Conviction ►		Y	М	D		
Charge(s)	Name of Police Force		City					
Province/State	Country	Date of Conviction		Y	М	D		
Charge(s)	Name of Police Force		City					
Province/State	Country	Date of Conviction ►		Y	М	D		
Charge(s)	Name of Police Force		City					
Province/State	Country	Date of Conviction ►		Y	Μ	D		
Charge(s)	Name of Police Force		City					
Province/State	Country	Date of Conviction ►		Y	Μ	D		