

Registration No.	Applicant's Name

CONTROLLED GOODS PROGRAM SECURITY ASSESSMENT APPLICATION

Owner, Authorized Individual, Designated Official, Officer, Director, Employee

Α.	BUSINESS INFORMATION (To be completed by the	Designated Officia	al)					
1	Legal Name							
2	Business Name (If different from legal name)							
ľ	,							
3	Civic Address							
4	Mailing Address (If different from civic address)							
Γ								
5	Telephone Number (Include extension no. if applicable)	6 Facsimile Number						
7	E-mail							
ľ								
8	Description of the controlled goods the applicant may be required to examine, possess or transfer (Refer to the Export Control List (ECL))							
	Description of Controlled Goods ECL Group No. ECL Item No.							
a								
b								
С								
d								
e								
В.	APPLICANT INFORMATION (To be completed by the	applicant)						
9	Type of Application • New Re-Assess	ment						
10	Business Title (Select all that apply)							
	Owner Authorized Individual	Designated Official	Officer					
	Director Employee							
11	Preferred Language of Correspondence English	French						

	Registration No.		Applicant's Name
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C. PRIVACY NOTICE			
		rol of a Government I	
Goods Regulations (CGR) described in PIB PWGSC F	for the purpose of assessi PPU 045 Controlled Goods	ng security risks associated Program. This information n	roduction Act (DPA), and section 15 of the Controlled with controlled goods. The personal information is nay also be used or disclosed for enforcement, , personal information may be used or disclosed to:
- The Canadian I security clearar	ndustrial Security Program nce (as reported in Section	n, PWGSC - name, birth date M);	e, and other identifier if required to confirm a valid
- The Credit Bure	eau(s) - name, birth date a	and contact information to e	stablish financial risk;
- The Royal Cana	adian Mounted Police (RCM	P) - all information on this f	form to conduct a criminal check/history; and
- The Canadian S check.	Security Intelligence Servic	e (CSIS) - all information o	n this form to conduct a national security threat
Refusal to provide person goods as defined in subse		your being prohibited from	examining, possessing or transferring controlled
Your personal information have the right to access a	is protected under the <i>Pri</i> and correct your personal in	<i>ivacy Act</i> and will only be us nformation if erroneous or i	ed and disclosed in accordance with the <i>Act</i> . You ncomplete.
	FC	OR INDUSTRY USE ONI	_Y
C-2 Personal Inform	nation Under the Cont	rol of an Organization	(for optional use by the Designated Official)
D. CONSENT			
	read the privacy notice abo ses as described in C-1 and		ction, use and disclosure of my personal
Applicant's S	Signature .	Date (YYYY - MM - DD)	Print Name

				INSTRI	JCTIONS			
WA	RNING:							
cor reg <i>De</i>	y false or misleading state cealment of any material istration with the Control fence Production Act. lure to complete all requir	fact, may led Goods	lead to t Progran	the refusal on and be gro	of access to contr ounds for crimina	olled goods I prosecution	or the	e denial or revocation of er section 44 of the
	e information requested is essment application.	in respect	t of the t	five (5) yea	r period immedia	tely preced	ing the	e date of this security
E.	BIOGRAPHICAL INFORMA	TION						
cert	ach two pieces of governmen ificate, Passport, Permanent a Address, etc.). One of which	Resident Ca	ard, etc.)) and proof o				
12	Surname		13	3 Full Given	Name(s) (No initials	, underline usi	ual name	used)
14	Surname at Birth		15	5 Gender	• Male	Female	16 Da	ate of Birth (YYYY - MM - DD)
17	Home Address							
Nur	nber and Street							Apt. Number
City	,	Province/1	Territory		Country		Pos	ital Code
18	Telephone Number(s)							
Hor	ne		Work (I	nclude extensi	on no. if applicable)	Mobile		
19	Email							
	Other names used (Nicknam	es, aliases, e	tc.)					
a								
b 24	Indicate any change of par	20 (In al. da 6			t-)			
21	Indicate any change of nar	TIE (IIICiude i	ormer nai	Ties, maiden na	ine, etc.)			Data of alconom
	From Surname - Giv	en Name			To Surname - Giv	ren Name		Date of change (YYYY - MM - DD)
a								
b								

List all Citizenships (Country name) a										
Company Comp	F	COLINTRY	/ OF ORIGIN							
Birth Certificate Number 24 City and Province/Territory of Birth (If you hold citzenship with another country, go to no. 28. If not applicable, go to section	22			Canadian	Citizen	Perman	ent Resident			
Born Outside Canada (For Canadians born outside Canada, if applicable, include Birth Abroad Certificate) 25 City and Country of Birth 26 Country of Provenance 27 Date of Entry into Canada, if applicable, include Birth Abroad Certificate) 28 List all Citizenships (Country name) 30 Date of Entry into Canada, if applicable, include Birth Abroad Certificate Centry of Provenance 27 Date of Entry into Canada, if applicable, include Birth Abroad Certificate Centry of Provenance 27 Date of Entry into Canada, if applicable, include Birth Abroad Certificate Centry of Provenance 27 Date of Entry into Canada, if applicable, include Birth Abroad Certificate Centry of Provenance 28 List all Citizenships (Country name) 30 Date of Issue (YYYY - MM - DD) 31 Naturalized Canadian Certificate Number (If applicable) 32 Date of Issue (YYYY - MM - DD) 33 Date of Issue (YYYY - MM - DD) 34 Date of Issue (YYYY - MM - DD) 35 List all places of residence during the last (5) years and include duration of stay, beginning with your current address. 36 City, Province/Territory, Postal Code 77 From TYYYY - MM Date 77 Date Order Country - MM - DD 78 Date Order - MM - DD 79 Date Order - MM - DD 70 Date Order - MM -	Bor	n in Canad	da (if born outs	side Canad	la, go to no. 25)					
25 City and Country of Birth 26 Country of Provenance 27 Date of Entry into Canac (YYYY - Miles of Country	_				24 City and Pro			/, go to no. 28. If n	ot applicable, go t	to section G).
List all Citizenships (Country name) a	Bor	n Outside	Canada (For C	anadians l	born outside Can	ada, if a	pplicable, inclu	de Birth Abroad	Certificate)	
a b c d 29 Permanent Resident Certificate Number (If applicable) 30 Date of Issue (YYYY - MM - DD) 31 Naturalized Canadian Certificate Number (If applicable) 32 Date of Issue (YYYY - MM - DD) 32 Date of Issue (YYYY - MM - DD) 33 List all places of residence during the last (5) years and include duration of stay, beginning with your current address. (Leave no gaps) 34 City, Province/Territory, Postal Code Date 45 From TYYYY - MMD TYYYY - MMD 46 TYYYY - MMD TYYYY - MMD 47 TYYYY - MMD TYYYY - MMD 47 TYYYY - MMD TYYYY - MMD 48 Date TYYYY - MMD TYYYY - MMD 49 TYYYY - MMD TYYYY - MMD 40 TYYYY - MMD TYYYY - MMD 41 TYYYY - MMD TYYYY - MMD 51 TYYYY - MMD TYYYY - MMD 52 TYYYY - MMD TYYYY - MMD 53 TYYYY - MMD TYYYY - MMD 54 TYYYY - MMD TYYYY - MMD 55 TYYYY - MMD TYYYY - MMD 56 TYYYY - MMD TYYYY - MMD 57 TYYYY - MMD TYYYY - MMD 58 TYYYY - MMD TYYYY - MMD 59 TYYYY - MMD TYYYY - MMD 50 TYYYY - MMD TYYYY - MMD 50 TYYYY - MMD TYYYY - MMD 50 TYYYY - MMD TYYYY - MMD 51 TYYYY - MMD TYYYY - MMD 52 TYYYY - MMD TYYYY - MMD 53 TYYYY - MMD TYYYY - MMD 54 TYYYY - MMD TYYYY - MMD 55 TYYYY - MMD TYYYY - MMD 57 TYYYY - MMD 58 TYYYY - MMD TYYYY - MMD 58 TYYYY - MMD 59 TYYYY - MMD 50 TYYYY - MMD 5	25	City and Co	ountry of Birth		26 Cou	intry of F	rovenance	27 D		o Canada YYYY - MM - DD)
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31 Naturalized Canadian Certificate Number (If applicable) 32 Date of Issue (YYYY - MM - DD) 33 List all places of residence during the last (5) years and include duration of stay, beginning with your current address. 34 City, Province/Territory, Code 35 Province/Territory, Code 36 Province/Territory, Code 37 Province/Territory, Code 38 Province/Territory, Code 39 Province/Territory, Code 40 Province/Territory, Code 40 Province/Territory, Code 41 Province/Territory, Code 42 Province/Territory, Code 43 Province/Territory, Code 44 Province/Territory, Code 45 Province/Territory, Code 46 Province/Territory, Code 47 Province/Territory, Code 47 Province/Territory, Code 48 Province/Territory, Code 49 Province/Territory, Code 40 Province/Territory, Code 41 Province/Territory, Code 42 Province/Territory, Code 43 Province/Territory, Code 44 Province/Territory, Code 45 Province/Territory, Code 46 Province/Territory, Code 47 Province/Territory, Code 47 Province/Territory, Code 48 Province/Territory, Code 48 Province/Territory, Code 49 Province/Territory, Code 40 Province/Territory, Code 41 Province/Territory, Code 42 Province/Territory, Code 43 Province/Territory, Code 44 Province/Territory, Code 45 Province/Territory, Code 46 Province/Territory, Code 47 Province/Territory, Code 47 Province/Territory, Code 48 Province/Territory	С					d				
G. RESIDENTIAL HISTORY 33 List all places of residence during the last (5) years and include duration of stay, beginning with your current address. Street No. Street Name Apt. Province/Territory, Country Country Toyyyy - MMM (YYYY - MM) TOYYYY - MM) b c d	29	Permanent	Resident Certific	cate Numbe	er (If applicable)			30 Date of Issue	e (YYYY - MM - D	DD)
List all places of residence during the last (5) years and include duration of stay, beginning with your current address. Street No. Street Name Apt. Province/Territory, Country By Code From (YYYY - MM) Code Troy (YYYY - MM) Code Toda Apt. Province/Territory, Country By Code Troy (YYYY - MM) Code Toda	31	Naturalized	Canadian Certif	ficate Numb	er (If applicable)			32 Date of Issue	e (YYYY - MM - E	DD)
Street No. Street Name Apt. Province/Territory, Country Code From (YYYY - MM) (YYYYY) Apt. Province/Territory, Country Apt. Province/Territory, Code From (YYYY - MM) (YYYYY) Apt. Province/Territory, Code From (YYYYY - MM) (YYYYY) Apt. Province/Territory, Code From (YYYYY - MM) (YYYYY) Apt. Province/Territory, Code From (YYYY - MM) (YYYYY) Apt. Province/Territory, Code From (YYYYY - MM) (YYYYYY) Apt. Province/Territory, Code From (YYYYY - MM) (YYYYYYYY) Apt. Province/Territory, Code From (YYYYY - MM) (YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	G.	RESIDEN	ITIAL HISTOR	RY						
a Country Code (YYYY - MM) (YYYY - MM) (YYYY - MM) (YYYYY - MM) (YYYY -				during the l	ast (5) years and i	nclude d	uration of stay, be	eginning with you	r current addre	ess.
a	St	reet No.	Street N	lame		Provi	City, nce/Territory,		From	То
b							Country y		(YYYY - MM)	(YYYY - MM)
c d	a									
d	b									
	С									
e e	d									
	е									

Н.	EDUCATIONAL HISTOR	Y (If applicable)					
34	List all domestic and foreign educational institutions attended during the last five (5) years and all fields of study, beginning with the most recent, and include the duration of study.						
				Da	ite		
	School/Institution	Field of Study	Full Civic Address	From (YYYY - MM)	To (YYYY - MM)		
а							
b							
С							
١.	EMPLOYMENT HISTORY						
35	List all domestic and foreign e self-employment, and periods	employment activities during the l s of unemployment, beginning wit	ast five (5) years including full-time, h the most recent. (Leave no gaps)	part-time, tem	porary and		
				Da	ite		
		l Docition Title					
	Employer	Position Title	Full Civic Address	From (YYYY - MM)	To (YYYY - MM)		
a	Employer	Position Title	Full Civic Address				
a b	Employer	Position Title	Full Civic Address				
	Employer	Position Title	Full Civic Address				
b	Employer	Position Title	Full Civic Address				
b c	Employer	Position Title	Full Civic Address				

				-	
J.	CRIMINAL HISTO	RY			
36	Have you been convic	ted of a criminal offence	for which you have not be	en granted a p	ardon/record suspension?
	Yes	No (If you answer "No",	go to 38)		
37	If in the past five (5) you not been granted a pa	years, you have been con rdon/record suspension,	nvicted of a criminal offenc provide the following info	e in any count mation.	ry, including Canada, for which you have
	Charges	Police	City, Province/Territory, Country	Date (YYYY - MM)	Full Name at Time of Conviction
a					
b					
С					
38	If in the past five (5) y Canada, specify the o	years you have been det ccurrence and provide th	ained, arrested or the subj e following information.	ect of a crimin	al action in any country, including
			City,	Date	
	Occurrence	Details/Reasons	Province/Territory, Country	(YYYY - MM)	Status
a					
b					
С					

_	TRAVEL HISTORY								
39	List all valid passports	currently in yo	ur possessi	on and p	rovide the	followin	g information.		
Co	ountry of Issuance	Passpor	t No.	Issu	te of uance Y - MM)		Name on Pas	sport	Expiry Date (YYYY - MM)
a									
b									
10	If during the last five (information. (If you tra	(5) years you have the vel frequently you	ave travelle may group t	ed to cou the travel	ntries oth per country	er than t y per time	he United States of frame).		
		No.		Da	ite		Total Weeks Spent	Pur _l (Business c	oose or Pleasure)
	Country	of Visits	Fror (YYYY -		To (YYYY		(If less than 1 week, enter 1)	Business	Pleasure
Ex.	1 Mexico	12	2009 -	- 01	2012	- 01	20		
Ex.	2 France	10	2010 -	- 01	2012	- 01	7		
а									
b									
С									
d									
е									
f									
g									
h									
i									
j									
		-	•						

	_				
L.	PERSONAL REFERE	NCES			
41			people who have known you per members, in-laws and co-habita		at least five (5) years that can confirm be used as personal references.
	Surname, Given Name			Relations	hip
a	Has known me since (S	State year)	Home Telephone Number		Daytime Telephone Number
	Home Address (Includin	g House and/or Apt. N	No., Street, City, Province/Territory ar	nd Postal Coo	ie)
	Surname, Given Name			Relations	hip
b	Has known me since (S	State year)	Home Telephone Number		Daytime Telephone Number
	Home Address (Includin	g House and/or Apt. N	lo., Street, City, Province/Territory ar	nd Postal Coo	ie)
	Surname, Given Name			Relations	hip
С	Has known me since (S	State year)	Home Telephone Number		Daytime Telephone Number
	Home Address (Includin	g House and/or Apt. N	lo., Street, City, Province/Territory ar	nd Postal Coo	ie)
М.	SECURITY CLEARA	NCE			
42	If you possess a valid so the expiry date. (Select		ndicate the level, the country of i	ssuance, th	ne issuing government department and
	Confidential	Secret	Тор	Secret	
_	Secret NATO	Other (Sp	ecify)		
43	Country of Issuance		44 Issuing Government Depa	rtment	45 Expiry Date (YYYY - MM - DD)

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N. SECURITY ASSESSMENT STATEMENTS

In Part N of this application, your answers need not mention a country that the Contolled Goods Directorate (CGD) considers to have a program that is equivalent to the Controlled Goods Program (CGP) in terms of preventing the risk of diversion of controlled goods. Currently, the CGD considers only the program administered by the United States of America's Directorate of Defence Trade Controls to be equivalent to the CGP. This means that your answers need not reference the U.S.A. (i.e. travel to the U.S.A.; residences owned in the U.S.A., etc.).

	e information requested is in respect of the five (5) year period immediately preceding attack date of this security assessment application.	Yes	No
1	I hold a valid passport of a country other than Canada (excluding the United States).		
2	I have travelled outside Canada for pleasure, more than 10 times in the last five years (excluding the United States).		
3	I have travelled outside Canada for business (excluding the United States).		
4	I have resided outside Canada (excluding the United States). If yes, provide details (city/town of residence, country and dates):		
5	I have immediate family members ¹ that reside in a country outside Canada (excluding the United States). If yes, list the country and relationship:		
6	I received financial support from an organization or government agency outside of Canada for my education (excluding the United States). If yes, provide name or organization and/or government and country:		
7	I own or have partial ownership (20% or more voting shares) in a business or company outside Canada (excluding the United States). If yes, provide details:		
8	I have had contact, meetings, business or social activities, with foreign officials, excluding individuals from the United States (i.e.: non-Canadian government/department/embassy). If yes, provide details:		
9	I have sponsored a foreign individual for entry into Canada. If yes, provide date and country of origin:		
10	I have travelled outside Canada for a period greater than 90 consecutive days (excluding the United States). If yes, provide details, country, dates, etc.:		
11	I received my education outside of Canada (excluding the United States). If yes, provide details on program of study, country and dates, etc.:		

¹ Immediate Family Members: spouse or common-law partner, father (including step), mother (including step), parents-in-law (including step and common-law), children (including step and adopted and children of common-law partner), and siblings (including step and adopted).

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N. SECURITY ASSESSMENT STATEMENTS (Cont'd)

The information requested is in respect of the five (5) year period immediately preceding the date of this security assessment application.		Yes	No
12	I have previously been denied entry into a country. If yes, provide reason, country, dates, etc.:		
13	I have previously been ordered to surrender my passport to a government official (i.e.: customs, police, passport agency or similar). If yes, provide date, to whom you surrendered your passport, location, reason(s) your passport was surrendered and the outcome:		
14	I have worked for a company located in a foreign country (excluding the United States). If yes, provide company name, country and dates of employment:		
15	I consider myself to have allegiance to a country other than Canada or the United States. If yes, provide name of country:		
16	I have worked for a foreign government, including military service (excluding the United States). If yes, provide dates, nationality of government, government department and position(s) held:		
17	I have served in a security/intelligence organization in a country other than Canada (excluding the United States). If yes, list organization and country:		
18	I have previously had a security clearance denied, suspended or revoked. If yes, provide details:		
19	I have meaningful associations with an individual(s), who is a member of, or is a supporter of, a group involved in espionage, terrorism, organized crime, subversive or militant activities.		
20	I have been terminated or asked to resign from a position due to a theft or fraud related incident(s).		
21	I have previously filed bankruptcy.		
22	I currently have a financial judgement against me (this includes a fine or restitution regardless of whether you are in arrears; or any other type of financial judgement e.g. child support, taxes in which you are in arrears more than three months).		
23	I have previously been denied credit and/or had my credit card revoked. If yes, provide details:		

Instructions for Completing the Security Assessment Application

General

Please read the instructions carefully as they contain important information. Incomplete Security Assessment Applications will not be processed and will be returned to the addressee.

This form is to be completed by the Owner, Authorized Individual, Designated Official (DO), Officer, Director and Employee.

The Controlled Goods Program (CGP) will perform the security assessment of the Owner, Authorized Individual and DO who will be notified if the application has been approved or denied once the security assessment is completed.

The approved DO performs the security assessment of the Officer, Director and Employee accessing controlled goods.

Complete all sections. If a section 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. The first four pages also contain the information required for a Record Name Check and can be shared with law enforcement agencies and RCMP accredited agencies.

If you require assistance, please contact the CGP at 1-866-368-4646. Please ensure that you complete as much of the form as possible before calling and have a list of your questions ready for the CGP agent.

Section A – Business Information

This section is to be completed by the DO where possible, or the proposed DO if no one has been previously security assessed and approved by CGP.

Please provide information concerning the business/operating/marketing name of the organization that is registered with the CG. If the legal name and the business name are the same, indicate "N/A" under Business Name.

In part 8, please provide a description of the controlled goods that you will examine, possess or transfer and indicate the Export Control List (ECL) group and item number(s). The description of the controlled goods should provide sufficient details so as to disclose the true identity of the goods. Avoid the use of trade names, generic names or general terms that do not adequately describe the goods.

Section B - Applicant Information

Complete as requested.

Section C -Privacy Notice

- C-1 This part refers to personal information under the control of a government institution and outlines the purpose for which the information was obtained, the authority for collection and its disclosure.
- C-2 This part refers to personal information under the control of an organization. This part is optional and reserved for industry use only. It may be completed by the DO when conducting a security assessment of an Officer, Director and Employee of the registered person and include the details concerning the use and disclosure of personal information by the organization.

Section D - Consent

To be signed and dated by the Applicant.

Section E – Biographical Information

Complete as requested. For any part of this section not applicable to you, please leave it blank.

Section F - Country of Origin

Complete as requested. For any part of this section not applicable to you, please leave it blank.

In part 22, **Permanent Resident** has the same meaning as in subsection 2(1) of the *Immigration and Refugee Act*.

In part 26, **Country of Provenance** refers to the last country of residence before immigrating to Canada.

Section G – Residential History

Complete as requested. Please note, if you have resided in a country other than Canada for a period of greater than 6 months within the past 5 years, you must obtain a Certificate of Good Conduct (or equivalent as the name varies by country) criminal records check (an FBI Criminal History Summary Check if resided in the United States of America) from that country. Please contact the country's Canadian embassy, consulate or high commission for details on how to obtain this documentation.

Section H - Educational History

Complete if applicable.

Section I - Employment History

Complete as requested.

Section J - Criminal History

Complete as requested. For any part of this section not applicable to you, please leave it blank.

As part of the criminal record name check process, the applicant may be required to provide a full set of fingerprints, including both rolled and flat impressions of all 10 fingers. If you are required to provide fingerprints, you must have your fingerprints taken at your local police station or at a private accredited fingerprinting agency.

Section K – Travel History

In part 39, if you do not hold a passport or have not travelled outside Canada, please indicate "N/A" in the 'Country of Issuance' box of row 'a'.

In part 40, if you have not travelled outside of Canada or the United States within the past 5 years, please leave this section blank.

Section L - Personal References

References must be non-family members (please note that in-laws and/or cohabitant(s) cannot be used as personal references). Examples are friends, business acquaintances, co-workers.

Section M – Security Clearance

Complete if applicable.

Section N – Security Assessment Statements

Complete as requested.

Document Checklist

Include the following documentation:

1. Evidence to validate your eligibility

For **Canadian citizens** ordinarily resident in Canada, attach a copy of **one (1)** of the following as evidence of citizenship:

- Current Canadian passport
- Canadian Citizenship Certificate and/or Card
- Canadian Birth Certificate
- Nexus Card

For **permanent residents** ordinarily resident in Canada, attach a copy of the following as evidence of your permanent resident status:

- · Permanent Resident Card
- 2. For evidence to validate your identity and residential address, attach a copy of the following:
 - Valid Canadian driver's license

- 3. For evidence to validate your employment history (if applicable), attach a copy of the following:
 - Curriculum vitae
- 4. If applicable, for evidence to validate your educational history you must also provide the following documentation:
 - Evidence of your educational history if you attended an educational institution during the last 5 years, such as a copy of your diploma or degree.
- 5. All applicants must also provide the following documentation:
 - For a Designated Official being security assessed: Results from an RCMP fingerprint form (C216-C).
 - For an Owner, Authorized Individual, Officer, Director and/or Employee being security assessed: A CPIC Criminal Record Name Check or (optional) results from an RCMP fingerprint form (C216-C).

<ck 'hc 'Si Va]h'the Application

The completed Security Assessment Application for Owner, Authorized Individual, Designated Official, Officer, Director, Employee must be submitted by mail or courier.

All supporting documents accompanying the application (including the Canadian Police Information Centre Criminal Record Name Check and RCMP fingerprint report and excluding the C-216C RCMP fingerprint form) can be sent by fax or email to the CGP.

The C-216C RCMP fingerprint form must be an original document and sent by mail or courier. For the CGP detailed contact information, please consult the Contact the Controlled Goods Program page.

Note: All security assessments conducted by the Designated Official are to be retained and securely stored by the Designated Official at a site belonging to the Registered Person.