



Security clearance: Consent and certification form

All fields indicated by an asterisk (*) are mandatory.

The following form must be completed and uploaded with your security clearance application in the Cannabis Tracking and Licensing System (CTLS). Please refer to the [Cannabis Licensing Application Guide](#) for more information.

Both pages must be completed and submitted for your consent to be considered valid. Please also note that it is your responsibility to ensure that this form is signed electronically, or by hand, as per your preference.

Applicant's name (block letters)*	
Personal phone number*	Work phone number

Providing misleading or false information on this application may result in a refusal or cancellation of the security clearance. For security clearance purposes, I consent to the disclosure by the Royal Canadian Mounted Police (RCMP) to other law enforcement agencies, of any and all information provided by me in support of this application. Without limiting the generality of the foregoing, this includes information relating to my date of birth, education, residential history, employment history, and immigration and citizenship status in Canada. I also consent to the disclosure and use of my fingerprints and facial images for identification purposes.

I consent to the disclosure by law enforcement agencies to Health Canada and/or the RCMP of any and all information relevant to this security clearance application, including information in my criminal record and any other information contained in law enforcement records, including information gathered for law enforcement purposes, as well as any and all information that will facilitate the conduct of a security assessment. This includes non-conviction information, charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository of Criminal Records and local records available to police services.

For security clearance purposes, I hereby authorize Health Canada to seek, verify, assess, collect, and retain for a period of two (2) years after the expiry date of the licence holder's licence, any and all information relevant to this application including any criminal records and any and all information contained in law enforcement files, including intelligence gathered for law enforcement purposes, and information with respect to my immigration and citizenship status, as well as any and all information

that will facilitate the conduct of a security assessment. This includes non-conviction information, charges before the courts, findings of guilt or convictions and court orders registered in my name in the National Repository of Criminal Records and local records available to police services.

For security clearance purposes only, I consent to the release by other Canadian institutions or agencies to Health Canada, of information relevant to this application for a security clearance to enable Health Canada to perform security screening assessments in order to determine whether a security clearance should be granted to me.

This consent is given solely for security clearance purposes. Unless cancelled in writing by me and notification is given in writing to Health Canada, this consent shall remain valid for conducting all the necessary verifications, specified checks, assessments and/or investigations, including any subsequent required verifications, if need be, as well as any requirements for updates.

Privacy Notice Statement

The personal information you provide on this form to Health Canada is governed in accordance with the Privacy Act. This Notice explains the purposes of the collection and use of the personal information you provide on this form. We only collect the information required for a security clearance as part of the application pursuant to the Cannabis Regulations. Security clearance is a requirement under the Cannabis Regulations for issuance of a licence. A refusal to provide the information requested on this form will result in a refusal to process the application. The personal information collected by Health Canada will be used to process the application. The personal information collected by Health Canada will also be disclosed to the Royal Canadian Mounted Police (RCMP) for the purpose of conducting a criminal record check and a check of the relevant files of other law enforcement agencies, including intelligence gathered for law enforcement purposes. In some cases, personal information may be disclosed without your consent for purposes not outlined here pursuant to subsection 8 (2) of the Privacy Act. A Personal Information Bank (PIB) is under development and will be included in infosource.gc.ca. You have the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact the Privacy Management Division at 613-946-3179 or HC.privacy-vie.privee.sc@canada.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

I certify that all the information set out by me in this application for a security clearance, including any supporting documentation, is true and correct to the best of my knowledge and belief.

Applicant's signature*

Date of signature*