



CANNABIS RECORD SUSPENSION APPLICATION FORM

Please print clearly using black ink. Answer all questions.

SECTION A: Personal information

1. What is your full legal name? (Fill in your name and date of birth at the top of page 2.)

Last name: _____ Given name(s): _____

2. Have you ever used another name other than your legal name (e.g. nicknames)?

No Yes If YES, please write the other names below.

Previous last name(s)	Previous first and other name(s)

3. What is your gender? MALE FEMALE 4. What is your date of birth (YYYY-MM-DD)? _____

SECTION B: Correspondence and residence information

5. What is your mailing address? Is this the address of a representative? No Yes

All information about the Board's decision will be sent to this address except in cases where the Board must contact you directly.

Apartment/House Number and Street Address City/Town Province Postal Code Country

6. Do you prefer to communicate in English or French? (This will include all official letters and the Record Suspension document.)

English French

7. Where have you lived during the last 5 years? Include your current address. P.O. boxes will not be accepted.

Apartment/House Number and Street Address	City/Town	Province	Country	Postal Code	From (YYYY-MM-DD)	To (YYYY-MM-DD)
						Present

Please complete the other side of this form ►

CANNABIS RECORD SUSPENSION APPLICATION FORM

Please print clearly using black ink. Answer all questions.

Applicant information – Fill in this information.

Rewrite the full legal name and date of birth of the applicant as provided on the front of this form:

Full legal name: _____ Date of birth (YYYY-MM-DD): _____

Contact information – Answer all questions. The Board will need to contact you directly.

8. Phone number : _____ Can we leave a voicemail message? No Yes

If you do not have a phone, provide a mailing address: _____

9. Can we contact someone else about your application? No Yes ► If YES, write down their name and phone number:

Name: _____ Phone number: _____

10. Have you ever been a member of the Canadian Forces? (If YES, see Step 4 of the Cannabis Record Suspension Guide and fill in the information below.)

NO YES – Former YES – Current YES – Former or current reserve member
 Military Service ID Number _____

Date of enrolment (YYYY-MM-DD): _____ Date of discharge (YYYY-MM-DD): _____

Provide the complete mailing address of your unit. (Your commanding officer may be contacted.)

 Unit Name Sub-unit Name Street Address or P.O. Box Number City/Town Province Postal Code

Conviction information – Provide as much information as possible below.

11. Do you have any other convictions that do not appear on your criminal record, including convictions in another country? No Yes If YES, provide details below:

Offence	Arresting Police	Sentence	Date (YYYY-MM-DD)	Court (Street/City/Province)

Applicant authorization

12. The information you provide in this application is collected under the authority of the *Criminal Records Act* for the purpose of processing your request for a record suspension. You have the right to the correction of, access to and protection of your personal information under the *Privacy Act*. Personal information collected during the investigation of your application will be stored in Personal Information Bank Number PBC PPU 010 and can be checked by writing a request to the Access to Information and Privacy Coordinator, Parole Board of Canada, 410 Laurier Avenue West, Ottawa, ON K1A 0R1. Exempt personal information provided by external partners to process this application cannot be provided upon request.

You must sign and date this form to confirm the following:

I understand that the information may be used in a record suspension decision, to conduct inquiries and may be used in summary form for reporting, quality control, performance measurement, evaluation, research purposes, and to establish an inventory of record suspensions. I grant permission for the disclosure of relevant personal information about me with justice system participants as defined in the *Criminal Code*, as may be deemed necessary for the purpose of the investigation related to this application and for the purpose of any record suspension decision.

I certify that the statements made by me in this application are true and complete. Failure to sign this authorization will result in your application being returned as incomplete.

Sign here: ► _____
 (Applicant's Signature)

Date (YYYY-MM-DD): _____