



Parole Board  
of Canada

Commission des  
libérations conditionnelles  
du Canada

# Parole Board of Canada **Cannabis Record Suspension Guide**

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Step-by-step instructions  
and application forms

**DO YOU NEED HELP TO APPLY?**

Contact the Parole Board of Canada at:

**Toll-free Info Line: 1-800-874-2652**

**[cannabis-suspension@pbc-clcc.gc.ca](mailto:cannabis-suspension@pbc-clcc.gc.ca)**

**[Canada.ca/cannabis-record-suspension](https://Canada.ca/cannabis-record-suspension)**

Canada

# Were you convicted only of simple cannabis possession?

## Have you completed your sentence(s) (except fines and victim surcharges)?

### If so, you can apply directly to the **Parole Board of Canada** for a Cannabis Record Suspension.

### This guide will show you how.

#### **You do not need a lawyer or representative to apply.**

The Parole Board of Canada treats all applications fairly and is the only federal government agency that can make record suspension decisions.

#### **IMPORTANT:**

Answer all questions truthfully and completely. Hiding information or making false statements could cause your application to be returned to you or your record suspension to be revoked or ceased at a later date.

#### **Original documents are important\***

Your application must include original documents with original signatures and original office seals or stamps from the courts and police or it will be returned. Forms that have been tampered with will also be returned.

**\*Note:** Photocopies of ID documents (such as driver's licenses and birth certificates) are accepted.

#### **Produced and published by:**

#### **Parole Board of Canada**

For additional copies of this publication, contact:  
Public Affairs and Partnerships  
Parole Board of Canada  
410 Laurier Avenue West  
Ottawa, ON K1A 0R1

Electronic copies are available at: [Canada.ca/cannabis-record-suspension](https://Canada.ca/cannabis-record-suspension)  
*Aussi disponible en français*

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# There are 5 steps to apply for a cannabis record suspension

If you are eligible and have completed all your sentences (except fines and victim surcharges), you can apply for a cannabis record suspension by completing the following 5 steps.

- › Use this guide if you were only convicted of simple possession of cannabis. If you were convicted of other offences (e.g., assault) in addition to a simple possession of cannabis conviction, please use the regular record suspension guide.
- › If you have outstanding fines or victim surcharges, you are still **eligible** to apply. Any unpaid fines will not be forgiven and provincial and federal governments may choose to enforce their payment later, even if you receive a record suspension.
- › If your criminal record or local police records check(s) **clearly show** you were convicted only of simple possession of **cannabis**, and your only sentence was a fine or victim surcharge or both, you do not need to obtain your court information.



**STEP**  
**1**

# Get your criminal record

**Get your fingerprints taken.** Visit an accredited fingerprinting company or a police service that can submit your fingerprints **electronically**.

Ask your local police service if they offer this service or visit [www.rcmp-grc.gc.ca/en/where-do-get-a-criminal-record-check](http://www.rcmp-grc.gc.ca/en/where-do-get-a-criminal-record-check) for more information.

Your electronic fingerprint submission **must clearly state you are applying for a record suspension**.

**Wait to receive your criminal record** (criminal convictions, conditional and absolute discharges) or a **Certification of No Criminal Record** from the RCMP. Any documents provided by the RCMP must be included with your application.

**When you receive your criminal record, check it** to ensure all your simple possession of cannabis convictions are included. It is your responsibility to report all your convictions to the Parole Board of Canada.

If ALL your convictions **are included**, go to STEP 2 (next page).

If any of your conviction(s) **is/are missing**, see below.

**If any simple possession of cannabis convictions are missing from your criminal record**, you must get a **Proof of Conviction for each one**. To get this, contact the court that heard your case and/or the police service that arrested you.

The **Proof of Conviction** must include:

- › **Date and court** where you were sentenced;
- › **Offence** that resulted in your conviction;
- › **Sentence** you received;
- › **Arresting police force**.

If the court and/or police service do not have a record of your convictions, call the Parole Board of Canada's toll-free info line: **1-800-874-2652**.

**STEP  
2**

# Get your local police records check(s)

→ You must get a **local police records check** for:

- › The city or town where you live now (your current address); **AND**
- › Each city or town where you lived during the last 5 years (if you lived in that place for 3 months or more).

## How to get a local police records check

**Fill in all questions** on [page 1](#) of the **Local Police Records Check Form** at the end of this guide.

**Tip:** Photocopy it for each local police service you contact.

**Contact the local police service for the address where you live now.** If you have lived in different places during the last 5 years, you must contact the police service for each place. If you are not sure who to contact, ask your local police service.

**Show** your criminal record to each local police service and ask them to fill in the section on the **Local Police Records Check Form** called **For Police Use Only** ([page 2](#)).

You will need to show them a current photo ID and a second piece of ID.

**Tip:** Contact the local police service in advance to find out the types of ID they accept.

## IMPORTANT!

The Parole Board of Canada will return your application if your **Local Police Records Check Form** does not include the following information:

- › All information required in the **For Police Use Only** section on page 2;
- › Signature and date stamp of the local police service;
- › Local police service official seal or stamp.

**STEP  
3**

## Get your court information (if required)

If your criminal record or local police records check(s) **clearly show** you were convicted only of simple possession of **cannabis**, and your only sentence was a fine or victim surcharge or both, you do not need to obtain your court information.

If your criminal record or local police record check(s) **does not clearly show** that you were convicted only of simple possession of cannabis, and that your sentence was only a fine or victim surcharge or both, you **MUST** obtain your court information. This must include proof of payment for any restitution or compensation order (including date of final payment)\*.

**Answer questions 1 to 6** on the **Court Information Form** at the end of this guide.

**Tip:** Make copies of the form in case you need to provide the same information to another court.

### Contact the court that heard your case

If you were sentenced in more than one court, you must ask each of them to complete the form. Give each court a copy of your criminal record and ask them to fill in the section **For Court Use Only**.

### IMPORTANT! Make sure each court:

- › Fills in all of the **For Court Use Only** section;
- › Includes all of your convictions from that court;
- › Signs and dates the form;
- › Includes an official court seal or stamp on the form.

**Tip: Ask for extra copies of all court documents.** You may need them in the future. It will be easier to get copies now in case they are not available after your record suspension is ordered.

**Check that the information** on the **Court Information Form** is the same as your criminal record.

- › If the information on the **Court Information Form** and criminal record do not match, or if the court has a record of conviction that is not on your criminal record, ask the court for a **Proof of Conviction** (see **STEP 1**).

\* If you were ordered to pay restitution to an individual or entity, courts may not be able to confirm payment. If this is the case, call the PBC at 1-800-874-2652.

**STEP  
4**

# Get your Military Conduct Sheet

(current and former members of the Canadian Forces only)

- **IF YOU ARE NOT** a current or past member of the Canadian Forces, **go to STEP 5** on the next page.
- **IF YOU ARE** a current or past member of the Canadian Forces (Regular or Reserve), you must get a certified, signed and dated copy of your **Military Conduct Sheet** by contacting the appropriate organization below. If no conduct sheet exists, you must provide a letter from your Commanding Officer or the appropriate organization, which indicates that no information is available.

**FOR CURRENT REGULAR OR RESERVE MEMBERS:**

You must request a Military Conduct Sheet from your Commanding Officer.

**FOR FORMER REGULAR MEMBERS:**

- › **If you left on or after January 1, 1998**, contact the Department of National Defence Access to Information and Privacy (ATIP) Section under the *Privacy Act*:
 

**Director, Access to Information and Privacy**  
National Defence Headquarters  
Major-General George R. Pearkes Bldg.  
101 Colonel By Drive  
Ottawa, Ontario K1A 0K2

[www.canada.ca/content/dam/dnd-mdn/migration/assets/FORCES\\_Internet/docs/en/transparency/d2797-em-1-.pdf](http://www.canada.ca/content/dam/dnd-mdn/migration/assets/FORCES_Internet/docs/en/transparency/d2797-em-1-.pdf)
- › **If you left before January 1, 1998**, contact the Library and Archives Canada ATIP Section:
 

**Access to Information, Privacy and Personnel Records Coordinator**  
Library and Archives Canada  
395 Wellington Street  
Ottawa, Ontario K1A 0N4

[www.bac-lac.gc.ca/eng/transparency/atippr/Pages/Online-requests-forms.aspx](http://www.bac-lac.gc.ca/eng/transparency/atippr/Pages/Online-requests-forms.aspx)

**FOR FORMER RESERVE MEMBERS:**

- › **If you left on or after March 1, 2008**, contact the Department of National Defence Access to Information and Privacy (ATIP) Section under the *Privacy Act*:
 

**Director, Access to Information and Privacy**  
National Defence Headquarters  
Major-General George R. Pearkes Bldg.  
101 Colonel By Drive  
Ottawa, Ontario K1A 0K2

[www.canada.ca/content/dam/dnd-mdn/migration/assets/FORCES\\_Internet/docs/en/transparency/d2797-em-1-.pdf](http://www.canada.ca/content/dam/dnd-mdn/migration/assets/FORCES_Internet/docs/en/transparency/d2797-em-1-.pdf)
- › **If you left before March 1, 2008**, contact the Library and Archives Canada ATIP Section:
 

**Access to Information, Privacy and Personnel Records Coordinator**  
Library and Archives Canada  
395 Wellington Street  
Ottawa, Ontario K1A 0N4

[www.bac-lac.gc.ca/eng/transparency/atippr/Pages/Online-requests-forms.aspx](http://www.bac-lac.gc.ca/eng/transparency/atippr/Pages/Online-requests-forms.aspx)

**IMPORTANT!**

- › Include all correspondence from your Commanding Officer, National Defence or Library and Archives Canada with your application.
- › Make sure that your request for your Military Conduct Sheet includes the following information:
  - ✓ Shows that the reason for the request is for a Record Suspension Application;
  - ✓ Your first and last name (if it has since changed, it must state your name at the time);
  - ✓ Your date of birth;
  - ✓ Your Military Identification Number or Service Number;
  - ✓ Your signature;
  - ✓ Enlistment and discharge dates.

**STEP**  
**5**

# Fill in the Cannabis Record Suspension Application Form

- You must use the Cannabis Record Suspension Application Form at the end of this guide.  
**Important:** The Cannabis Record Suspension Application Form is valid for 12 months from the date you sign it.

Make sure you have:

- › Answered all questions on **both sides** of the form;
- › Answered all questions truthfully and completely;
- › Signed and dated the form. As the applicant, the form **must be signed by you**;
- › **Included a photocopy of an ID document (federal, provincial or municipal) with your name, date of birth and signature**;
- › Photocopied all of your application documents for your own records and future reference.

**Tip: The Parole Board of Canada must be able to contact you now and in the future.** If we cannot contact you or verify your information, your application may not be processed. If your mailing address changes, you must send the Parole Board of Canada a letter with your new mailing address. This letter should include:

- › Your name
- › Your Record Suspension Application Personal Reference Number
- › Your new mailing address
- › Your signature. As the applicant, the letter **must be signed by you**.

**Send the letter to:**

Parole Board of Canada  
Clemency and Record Suspension Division  
410 Laurier Avenue West, 5<sup>th</sup> Floor  
Ottawa, Ontario K1A 0R1

**Important:** Even after you receive a cannabis record suspension, you must continue to advise the Parole Board of Canada of a change in your address.

**Answer all questions in the Cannabis Record Suspension Application Form**

If you do not answer all the questions on both sides of the form, the Parole Board of Canada will return your application and documents. Print in BLOCK letters using black ink only.

**Tip:** If you need more space to include all the information, attach additional pages to your application.



# Before you submit your application

## CANNABIS RECORD SUSPENSION APPLICATION CHECKLIST

Have you included these documents in your application?

1. Original **Criminal Record** or **Certification of No Criminal Record AND Proof of Conviction Documents**
2. Original **Local Police Records Check Form(s)**
3. Original **Court Information Form(s)** (if required)
4. Original **Military Conduct Sheet** (if you are a current or former member of the Canadian Forces)
5. Photocopy of your **ID document(s)**
6. Original **Cannabis Record Suspension Application Form**

**Tip:** Keep a photocopy of everything you send to the Parole Board of Canada.

→ **Mail your application form** and **original copies** of all official documents to:

Parole Board of Canada  
Clemency and Record Suspension Division  
410 Laurier Avenue West, 5<sup>th</sup> Floor  
Ottawa, Ontario K1A 0R1









COURT INFORMATION FORM
Record Suspension Application
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.

Table with 2 columns: 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: Contact information

5. What is your mailing address?

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

6. What is your phone number? \_\_\_\_\_

FOR COURT USE ONLY. Do not write in this section.

Name and Address of Court: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

Court Name Street Address City/Town Province Postal Code

Offence information - For court use only. Must include all convictions that the court holds.

Offence information # 1

Table with columns: Offence Description, Sentence, Place of Sentence, Date of Sentence (Y Y Y Y M M D D)

Method of trial: [ ] Summary [ ] Indictable [ ] Unable to confirm Court reference # \_\_\_\_\_

If unable to confirm method of trial, state reason why: \_\_\_\_\_

The court can confirm the substance is cannabis [ ] No [ ] Yes [ ] N/A

Have all fines, victim surcharges, restitutions, compensation orders and other costs been paid in full? [ ] No [ ] Yes

If they have been paid in full, date of the last payment [ ] Y Y Y Y M M D D

Outstanding amount (if any): \$ \_\_\_\_\_ Please specify the nature of the outstanding amount (e.g., fine, restitution order, costs, etc.) \_\_\_\_\_

Is the outstanding amount related only to a victim surcharge imposed under section 737 of the Criminal Code on or after October 24, 2013 and on or before December 13, 2018? [ ] No [ ] Yes

[ ] The court can confirm no outstanding monies are owed Date of last payment if known: [ ] Y Y Y Y M M D D

[ ] Our records have been destroyed Date destroyed [ ] Y Y Y Y M M D D

Please turn this form over

**COURT INFORMATION FORM**  
**Record Suspension Application**  
 Please print clearly using black ink. Answer all questions.

**APPLICANT INFORMATION – You must 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): \_\_\_\_\_

**Offence information – For court use only. Do not write in this section.**

**Offence information # 2**

Offence Description	Sentence	Place of Sentence	Date of Sentence								
			Y	Y	Y	Y	M	M	D	D	

Method of trial:  Summary  Indictable  Unable to confirm Court reference # \_\_\_\_\_

If unable to confirm method of trial, state reason why: \_\_\_\_\_

The court can confirm the substance is cannabis  No  Yes  N/A

**Have all fines, victim surcharges, restitutions, compensation orders and other costs been paid in full?**  No  Yes

If they have been paid in full, date of the **last payment** ▶ 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Outstanding amount (if any) \$ \_\_\_\_\_ Please specify the nature of the outstanding amount (e.g., fine, restitution order, costs, etc.) \_\_\_\_\_

Is the outstanding amount related only to a victim surcharge imposed under section 737 of the *Criminal Code* on or after October 24, 2013 and on or before December 13, 2018?  No  Yes

The court can confirm **no outstanding monies** are owed ▶ Date of last payment if known: 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

**Our records have been destroyed** ▶ Date destroyed 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

**Offence information # 3**

Offence Description	Sentence	Place of Sentence	Date of Sentence								
			Y	Y	Y	Y	M	M	D	D	

Method of trial:  Summary  Indictable  Unable to confirm Court reference # \_\_\_\_\_

If unable to confirm method of trial, state reason why: \_\_\_\_\_

The court can confirm the substance is cannabis  No  Yes  N/A

**Have all fines, victim surcharges, restitutions, compensation orders and other costs been paid in full?**  No  Yes

If they have been paid in full, date of the **last payment** ▶ 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Outstanding amount (if any): \$ \_\_\_\_\_ Please specify the nature of the outstanding amount (e.g., fine, restitution order, costs, etc.) \_\_\_\_\_

Is the outstanding amount related only to a victim surcharge imposed under section 737 of the *Criminal Code* on or after October 24, 2013 and on or before December 13, 2018?  No  Yes

The court can confirm **no outstanding monies** are owed ▶ Date of last payment if known: 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

**Our records have been destroyed** ▶ Date destroyed 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

**COURT AUTHORIZATION – Please sign, date, and stamp this form.**

Name of Authorized Officer of the Court: \_\_\_\_\_

▶ Signature: \_\_\_\_\_

Date: 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Please put court seal or stamp here.



LOCAL POLICE RECORDS CHECK FORM
Record Suspension Application
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.

Table with 2 columns: 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)? \_\_\_\_\_

5. Do you have a driver's licence? No Yes If YES, what is your driver's licence number? Province: \_\_\_\_\_

SECTION B: Contact information

6. What is your mailing address?

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

7. What is your phone number? \_\_\_\_\_

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

Table with 6 columns: Apartment/House Number and Street Address, City/Town, Province, Country, From (YYYY-MM), To (YYYY-MM) Present

SECTION C: Applicant authorization – Sign and date below.

9. You must write in the name of the police service and then you must sign and date this form.

I hereby authorize (write in name of police service here) \_\_\_\_\_ to release to the Parole Board of Canada information that it is legal for the police to divulge.

Sign here: ► \_\_\_\_\_ Date (YYYY-MM-DD): \_\_\_\_\_ (Applicant's Signature)

10. Ask the Police Service to fill in the other side of this form. Include this form in your application with the front side filled in by you and back side filled in by the Police Service.

Please complete the other side of this form. ►



**LOCAL POLICE RECORDS CHECK FORM**  
**Record Suspension Application**  
 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): \_\_\_\_\_

**SECTION D: FOR POLICE USE ONLY. Do not write in this section.**

> Convictions **other than simple possession of cannabis** in addition to those appearing on CPIC

Offence description	Sentence	Place of sentence	Arresting police service	Date of sentence									
				Y	Y	Y	Y	M	M	D	D		

> Conviction(s) **for simple possession of cannabis** in addition to those appearing on CPIC

Offence description	Sentence	Place of sentence	Arresting police service	Date of sentence									
				Y	Y	Y	Y	M	M	D	D		

Can you confirm that the substance was cannabis?      No                  Yes

Offence description	Sentence	Place of sentence	Arresting police service	Date of sentence									
				Y	Y	Y	Y	M	M	D	D		

Can you confirm that the substance was cannabis?      No                  Yes

**List all information related to incidents involving police and all charges regardless of disposition including provincial convictions/charges.**

Nature of occurrence	Outcome	File number	Date of occurrence										
			Y	Y	Y	Y	M	M	D	D			

**Police representative information:**

Police service name: \_\_\_\_\_

Police representative name: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_

Date: 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

► \_\_\_\_\_  
Signature

Internal Use Only					

Police service  
seal or  
stamp here





### 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)
						<b>Present</b>

**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): \_\_\_\_\_



**NEED ASSISTANCE?**

**Contact the Parole Board of Canada at:**

**1-800-874-2652 (toll free)**

**[cannabis-suspension@pbc-clcc.gc.ca](mailto:cannabis-suspension@pbc-clcc.gc.ca)**

**[Canada.ca/cannabis-record-suspension](https://Canada.ca/cannabis-record-suspension)**