



RECORD SUSPENSION APPLICATION FORM
Please print clearly using black ink. You must answer all questions.

SECTION A: PERSONAL INFORMATION – You must answer all questions.

1. What is your full legal name? (You must fill in your name and date of birth at the top of page 2 as well.)

Last Name: _____ Given Name(s): _____

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

No Yes If YES, please write the other names below or your application will be returned to you.

Previous Last Name(s)	Previous Given Name(s)

3. What is your gender? MALE FEMALE

4. What is your date of birth?

Y	Y	Y	Y	M	M	D	D
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5. Were you born in Canada? No Yes

6. Do you have a Driver's Licence? No Yes If YES, what is your Driver's Licence number? _____ Province: _____

7. Are you employed? No Yes If YES, who is your employer? If you are self employed please indicate the name and/or number of your company.

Employer Name: _____ Company name and/or number: _____

SECTION B: CORRESPONDENCE AND RESIDENCE INFORMATION – You must answer all questions.

8. What is your mailing address? (Please specify if this is the address of a representative)
"All information about a decision will be sent to this address, except, in cases where the Board must contact you directly (e.g. a proposal to refuse)"

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

9. Do you want information in English or French? (This will include all official letters and the Record Suspension document). English French

10. What addresses have you lived at in the last 10 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						To												
					Y	Y	Y	Y	M	M	Y	Y	Y	Y	M	M							

Please turn this form over. ▶

RECORD SUSPENSION APPLICATION FORM
Please print clearly using black ink. You must answer all questions.

APPLICANT INFORMATION – You must fill in this information.

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

Full legal name: _____ Date of birth:

Y	Y	Y	Y	M	M	D	D
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CONTACT INFORMATION – You must answer all questions. The Parole Board will need to contact you directly.

11. Telephone Number: _____ Can we leave a voicemail message? Yes No

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

12. Can we contact someone else about your application? No Yes ▶ If YES, give us their name and telephone number:

Name: _____ Telephone Number: _____

13. Have you ever been a member of the Canadian Forces? (If YES, see Step 3 of the Record Suspension Application 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:

Y	Y	Y	Y	M	M	D	D

Date of discharge:

Y	Y	Y	Y	M	M	D	D

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 – You must answer all questions.

14. 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

15. 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 accessed and assessed for accuracy by sending a written request to the Access to Information and Privacy Coordinator, Parole Board of Canada, 410 Laurier Avenue West, Ottawa, ON K1A 0R1. Exempt personal information obtained from external partners in the course of processing 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 to you as incomplete.)

Sign here: ▶ _____
(Applicant's Signature)

Date:

Y	Y	Y	Y	M	M	D	D
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