



**RCMP National Project Delivery Office, Regina
Contractor/Consultant Information Sheet**



Page 1 of 2

PLEASE PRINT LEGIBLY / ALL INFORMATION MUST BE PROVIDED

General Contractor only: Upon completion of forms, please contact Linda Topping to make arrangements for submission of documents: Phone (306) 780-3261 or Linda.Topping@rcmp-grc.gc.ca

NOTE: SUB-CONTRACTORS ARE TO CONTACT THE GENERAL CONTRACTOR FOR INSTRUCTIONS AND/OR QUESTIONS REGARDING COMPLETION OF FORMS - NOT THE RCMP

CONTRACTORS/CONSULTANTS MUST PROVIDE THE FOLLOWING INFORMATION:	
1. Your Complete Legal Name: <i>(First/Middle or "no Middle Name" / Last Name)</i>	
2. Name of Company That You Work For:	
3. Company Telephone Number:	
4. Project That You Are Working On: <i>(Name of Project/Building/City/Province)</i>	Construction of the Grande Cache Detachment, Grande Cache, AB SRCL #2012-111134
5. Access Period (Start & End Dates): <i>(If exact dates unknown, estimated dates)</i>	

CONTRACTORS/CONSULTANTS MUST PROVIDE PHOTOCOPIES OF:	
DOCUMENTS ATTACHED TO TBS 330-23E & 60E SECURITY FORM:	YES / NO
1. Driver's License (a clear copy of both the front and back of the document on the same page, certified to be a true copy by their supervisor or colleague). <i>Note:</i> If you do not have a Driver's License, please provide other government issued photo identification (passport, treaty card).	
2. Birth Certificate (a clear copy of both the front and back of the document on one page, certified to be a true copy by their supervisor or colleague)	

CONTRACTORS/CONSULTANTS MUST PROVIDE THE FOLLOWING DOCUMENTS WITH THEIR COMPLETED TBS 330-23E & TBS 330-60E FORMS:	
DOCUMENTS ATTACHED:	YES / NO
1. Two current Passport Style Photographs (do not have to be certified)	
2. Two sets of Fingerprints ("Roll and Ink" style) – must be obtained from a Corp of Commissionaires office.	

CONTRACTORS / CONSULTANTS - PLEASE NOTE THE FOLLOWING:

Should an RCMP Access tag/card be issued to you, please note the following;

- 1) You are the sole user of the access tag and it must be visibly worn while working on the site.
- 2) The access tag is non-transferrable / can not be used while working on projects other than the RCMP projects it was issued for.
- 3) The access tag must be returned to the RCMP issuing office or site foreman (if approved) at the end of each day.
- 4) No access to areas that you have not been cleared will be allowed and if found in these areas your clearance will be revoked and you will be removed from the site.

Employee Signature:	Signal on Date
---------------------	----------------

EMPLOYER TO REVIEW (not employee applicant of this form), COMPLETE AND SIGN:

In order to comply with Federal Government and RCMP policies and guidelines, in relation to the collection of personal information, the employer requesting the security checks must be satisfied that he/she can confirm the identity of the applicant.

The employer MUST ("employer" - your supervisor or a colleague of the company that you are employed by):

- 1) Request that their employees attend in person and provided two pieces of Identification.
- 2) ID MUST include full date of birth and name of the individual ie, Driver's Licence - Birth Certificate, Passport, Firearms Licence. (One piece of ID must include the photograph and if using the Drivers Licence copy both the photo portion as well as the signature portion.)
- 3) If the employee has changed his/her name, ID MUST be provided with both the current as well as past names.

Type of ID: 1) _____ **Number** _____
 2) _____ **Number** _____

Employers Name: _____
(First Name and Last Name)

Employers Signature: _____

Date of signature: _____

**ADDITIONAL INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA PERSONNEL SCREENING, CONSENT AND
AUTHORIZATION FORM (Form No. TBS 330-23E)**

NOTE:

**All information requested on TBS 330-23E MUST be provided (do not leave any “blanks”, provide partial information, and do not use any abbreviations - ie. CA for Canada).
Failure to provide requested information will result in forms being returned to applicants.**

Page 1 of Form:

Section A. Administrative Information: Do not complete (completed by the RCMP).

Section B. Biographical Info.: To be completed by applicant:

1. **Surname:** Your Last Name that you currently use – ie. “Smith”
2. **Full Given Names (no initials):**
 - a. Your First Name and Middle Name (s) ie. “Cameron John”
**If you do not have a middle name, state “no middle name” on the form.
**Circle or underline your usual name used (whether you go by your first name or middle name).
3. **Family Name at Birth:** Your Last Name when you were born - ie. “Smith” (do not include “Same”)
4. **All other names used:** Abbreviation(s) of name(s) used (ie. “Dave”/David, “Charlie”/Charles) or nicknames.
5. **Sex:** Place “x” in box beside male or female.
6. **Date of Birth:** provide the Year, Month and Day you were born ie. 2012-01-01 (must provide all in this format)
7. **Country of Birth:** - the Country that you were born in ie. Canada (no abbreviations such as “CA”)
8. **Date of entry into Canada if born outside Canada:** - ie. 2012-01-01 (Year, Month, Day format)
9. **Daytime telephone number:** Your telephone number that the RCMP can reach you at in the daytime, including your area code.
10. **E-mail address:** Your e-mail address at work, or if you do not have one at work, your home e-mail address.
11. **Residence(s):** provide addresses where you have permanently or temporarily resided for the last **five years**, starting with the most current home address. Must be consecutive dates – no breaks in time periods.
**Do not fill in address in grey/shaded area beside “Home address”; fill in current address in the boxes under “Home address”.
 - a. **Apartment Number** - fill in if you have one; if you do not live in an apartment, leave blank.
 - b. **Street Number** – your house number ie. “421”
 - c. **Street Name** – ie. “Smith Street/George Avenue; or “4th Street” if no name (no abbreviations)
If you do not have a street address or you live on a farm/acreage, please provide your legal land descriptions (ie. SW-30-23-45-W4th) – **NO POST OFFICE BOX NUMBERS.

**ADDITIONAL INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA PERSONNEL SCREENING, CONSENT AND
AUTHORIZATION FORM (Form No. TBS 330-23E)**

- d. From – the year and month that you moved to your current / previous residence(s);
**If you cannot recall the month, please state above the M – “unknown”
- e. To – “Present” or the year and month that you moved/vacated your previous residences (not current residence).
- f. City – the name of the city or town that you currently and previously resided in.
- g. Province or State – the name of the province or state that you currently and previously resided in (no abbreviations ie. “AB” or “SK”).
- h. Postal Code – your current and previous postal codes.
- i. Country – the name of the country that you currently and previously resided in (no abbreviations).
- j. Telephone Number – your current and previous home telephone numbers, including area code.
- Note: *If you do not have enough space on the attached form to list addresses for the last five years, please photocopy page 1 and complete Section B, listing:*
a.) Your Surname, b.) Full Given Names, c.) Family name at birth, d.) Sex, e.) Date of Birth, f.) Country of Birth g.) additional addresses for the last five years (apartment No., Street Number, Street Name, City, Province, dates etc.).

12. Have you previously completed a Government of Canada security screening form?:
a. “No” or
b. “Yes” – if “Yes”, please provide details. If you cannot recall some or all of the details (ie. year of screening, state “cannot recall”).
13. Criminal Convictions:
a. “No” OR
b. “Yes” - if “Yes”, please provide details. If you cannot recall some or all of the details (ie. date of conviction, state “cannot recall”).

Page 2 of Form:

Top of Page 2: To be completed by applicant:

1. Surname (your last name) followed by a comma – ie. Smith,
2. Full given names – your first name and then your middle name
**If you do not have a middle name, state “no middle name” on the form.
**Circle or underline your usual name used (ie. whether you go by your first name or middle name).
3. Date of birth - provide – Year, Month, Day ie. 2012-01-01 (must provide all in this format / no blanks)

Section C. Consent and Verification: To be completed by applicant:

1. Initial under “Applicant’s Initials” column – **numbers 1. to 5. (you must initial all boxes-1 to 5).**
2. Read the Privacy Act Statement and sign above “Signature” and “Date (Y/M/D)”

Section D. Review: do not complete (completed by RCMP).

Section E. Approval: do not complete (completed by RCMP).



INSTRUCTIONS FOR PERSONNEL SCREENING CONSENT AND AUTHORIZATION FORM TBS/SCT 330-23E (Rev. 2002/02)

Once completed, this form shall be safeguarded and handled at the level of Protected A.

General:

If space allotted in any portion is insufficient please use separate sheet using same format.

1. Section A (Administrative Information) Authorized Departmental/Agency/Organizational Official

The Official, based on instructions issued by the Departmental Security Officer, may be responsible for determining, based on five year background history, what constitutes sufficient verification of personal data, educational and professional qualifications, and employment history. References are to be limited to those provided on the application for employment or equivalent forms.

SUPPLEMENTAL INFORMATION REQUIREMENTS

Persons who presently hold a SECURITY CLEARANCE and subsequently marry, remarry or commence a common-law partnership, in addition to having to update sections of the *Security Clearance Form (TBS/SCT 330-80)*, are required to submit an original *Personnel Screening, Consent and Authorization Form*, with the following parts completed:

Part A - As set forth in each question

Part B - As set forth in each question, excluding CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA.

Part C - Applicant's signature and date only are required

"Other". This should be used to identify if the security screening is for Site Access, NATO, SIGINT etc.

2. Section B (Biographical Information)

To be completed by the *applicant*. If more space is required use a separate sheet of paper. Each sheet must be signed.

Country of Birth - For "NEW" requests, if born abroad of Canadian parents, please provide a copy of your Certificate of Registration of Birth Abroad. If you arrived in Canada less than five years ago, provide a copy of the Immigration Visa, Record of Landing document or a copy of passport.

- List only criminal convictions for which a pardon has NOT been granted. Include on a separate attached sheet of paper, if more than one conviction. Applicant must include those convictions outside Canada.
- Offences under the *National Defence Act* are to be included as well as convictions by courts-martial are to be recorded.

3. Section C (Consent and Verification)

A copy of Section "C" may be released to institutions to provide acknowledgement of consent.

Criminal record checks (fingerprints may be required) and credit checks are to be arranged through the Departmental Security Office or the delegated Officer.

Consent: may be given only by an applicant who has reached the age of majority, otherwise, the signature of a parent or guardian is mandatory.

The age of majority is:

19 years in NFLD., N.S., N.B., B.C., Yukon, Northwest Territories and Nunavut;

18 years in P.E.I., Que., Ont., Man., Sask. and Alta.

The applicant will provide initials in the "applicant's initials box".

The official who carried out the verification of the information will print their name, insert their initials and telephone number in the required space.

- Reliability Screening (for all types of screening identified within Section A): complete numbers 1 and 2 and 3 if applicable.
- Security Clearance (for all types of screening identified within Section A): complete numbers 1 to 4 and 5 where applicable.
- Other: number 5 is used only where prior Treasury Board of Canada Secretariat approval has been obtained.

4. Section D (Review)

To be completed by authorized Departmental/Agency/Organizational Official who is responsible for ensuring the completion of sections A to C as requested.

5. Section E (Approval)

Authorized Departmental/Agency/Organizational Security Official refers to the individuals as determined by departments, agencies, and organizations that may verify reliability information and/or approve/not approve reliability status and/or security clearances. Approved Reliability Status and Level I, II and III, as well as the signature of the authorized security official or manager are added for Government of Canada use only. Applicants are to be briefed, acknowledge, and be provided with a copy of the "Security Screening Certificate and Briefing Form (TBS/SCT 330-47)".

Note: Private sector organizations do not have the authority to approve any level of security screening.

Photographs: Departments/Agencies/Organizations are responsible for ensuring that three colour photographs of passport size are attached to the form for the investigating agency. Maximum dimensions are 50mm x 70mm and minimum are 43mm x 54mm. The face length from chin to crown of head must be between 25mm x 35mm. The photographs must be signed by the applicant and an authorized security official. The photographs must have been taken within the last six months. It is required for new or upgrade Level III security clearances for identification of the applicant during the security screening investigation by the investigating agency. The investigating agency may in specific incidents request a photograph for a Level I or II clearances when an investigation is required.

RCMP

REGINA, SASKATCHEWAN

SPECIFICATION: Washroom Concrete foundation-finished to sub floor

DATE: July 3, 2013

SCOPE OF WORK: Contractor to provide all necessary equipment, material and labor to complete the washroom concrete foundation for the Fitness and Lifestyle facility, at the RCMP Academy, Depot Division in Regina, Saskatchewan.

Attached are: Drawings provided by Brownlee/Beaton/Krenke
 Note: drawings to be used to subfloor finish only
 Floor truss layout provided by NuFab Building Products
 Survey location points provided by Focus Surveys

Note: Elevation has been changed as per drawing
RCMP to provide finished elevation
Contractor to allow for approx 36" of excavation for estimating purposes
(RCMP to provide location of excess soil on site)

Note: Concrete foundation walls will be installed using ICF forms
RCMP to provide all ICF forms required
Contractor to follow all ICF specifications as per installation

Contractor to supply & install three (3) sump pits (as per Wallace Construction #)
Exterior footing to have crushed rock drainage layer (8"x8")
Maintain four (4) feet of crawlspace with 1" pre foot drainage to center
Two (2) wings to drain to center – provide ABS hard pipe in center of wings to drain to pit in building center (RCMP to install sump pump)
Contractor to supply and install Permalon inside floor of crawlspace
Contractor to supply and install floor access hatch as per drawing (approx 32"x32")
Follow drawing 1 for location
Contractor to cut back bottom chord of floor trusses to fit ICF walls before installation
Contractor to supply two (2) steel beams as per drawing

ICF exterior walls to have blue skin installed with ½" PWF plywood cover
ICF interior walls to be covered to provide proper fire rating as per fire code

Contractor to install all provided material (by RCMP) to finished sub floor elevations

**INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA SECURITY CLEARANCE FORM
(Form No. TBS 330-60E)**

Listed below are instructions for completion of the TBS 330-60E. In addition to reviewing the notes below, please review the "Government of Canada Instructions For Completion of Security Clearance Form".

NOTE:

All information requested on Form TBS 330-60E MUST be provided (ie. do not leave any "blanks").

Failure to provide requested information will result in forms being returned to applicants.

PLEASE NOTE: NO ABBREVIATIONS ARE TO BE USED ON THIS FORM (ie. "CA" for Canada, "AB" for Alberta etc.)

Page 1 of Form:

Section A. Administrative Info.: do not complete (to be completed by RCMP)

Section B. Biographical Info.: *To be completed by applicant:*

1. **Surname:** Your Last Name that you currently use – ie. "Smith"
2. **Full given names:** (no initials):
 - a. Your First Name and Middle Name (s) ie. "Cameron John"
 **If you do not have a middle name, state "no middle name" on the form.
 **Circle or underline your usual name used (whether you go by your first name or middle name).
3. **Family Name at birth:** Your Last Name when you were born - ie. "Smith" (do not include "Same")
4. **All other names used:** Abbreviation(s) of name(s) used (ie. "Dave"/David, "Charlie"/Charles) or Nicknames.
5. **Sex:** Place "x" in box beside male or female
6. **Date of Birth:** provide the Year, Month and Day you were born ie. 2012-01-01 (must provide all in this format)
7. a.) **Place of Birth:** the city or town or village that you were born in.
 b.) **Province/State:** the province or state that you were born in (no abbreviations)
 c.) **Country:** the country that you were born in (no abbreviations)
8. **Name Change (other than marriage):** your former surname and/or first, middle name(s) and the "From" and "To" dates of your name change (2012-01 (Month) – 01 (Day) format).
9. **Place of change:** City, province or state and country where your name was changed.
10. **Method:** Authority that authorized your name change ie. Alberta Vital Statistics

Section C. Security Screening: *To be completed by applicant*

1. **Have you previously completed a Government of Canada security screening form?:**
 - a. "No" or
 - b. "Yes" – if "Yes", please provide details. If you cannot recall some or all of the details (ie. year of screening, state "cannot recall").

**INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA SECURITY CLEARANCE FORM
(Form No. TBS 330-60E)**

Section D. Marital Status/Common-Law Partnership: To be completed by applicant:

- **Current Status:** current marital status – check off applicable box.
1. **Current Spouse or common-law partner:**
 - a. **Surname, First and Middle Name** (use format : ie. SMITH, Judy Carol)
 - **Circle usual first name used;
 - **If no middle name, state “no middle name” on the form.
 - b. **Maiden Name;** if no maiden name, state “none”.
 - c. **Present Citizenship of current spouse/common-law partner** ie. “Canadian”
 - d. **Date of marriage/common-law partnership:** Year-Month-Day format (ie. 2012-01-01)
 - e. **City, province or state, and country of marriage/common-law partnership** (ie. Regina, Saskatchewan, Canada) – no abbreviations.
 - f. **City, province or state, and country of birth:** of your spouse/common-law partner (ie. Regina, Saskatchewan, Canada) – no abbreviations.
 - g. **Date of Birth:** of your spouse/common-law partner – Year-Month-Day format
 - h. **Present Address:** Apartment number, street number, street name, city, province or state, and country (Do not abbreviate province and country)
 - If address is not a street address, you must provide a legal land description for rural addresses (ie. SW-12-13-33-W1).
 - **Do not provide any Post Office Box No’s** – need physical address of residence / not where your mail is forwarded to (PO Box no.).
 - i. **If separated, widowed or divorced, specify date:** Year-Month-Day format (ie. 2012-01-01)
 - j. **Name and address of employer (job title):** Include the following:
 - Name of Company that your spouse is employed by – ie. “Smith’s Plumbing
 - Complete Street Address or Legal Land Description of Company that your spouse is employed by – ie. 245 – 7 Street, Regina, Saskatchewan, Canada (do not abbreviate province and country)
 - Job Title of your spouse (ie. Financial Officer)
 2. **Previous Spouse/Common-Law Partner:**
 - If no previous spouse/common-law partner, state “None”; if previous spouse/common-law partner:
 - a. **Surname, First and Middle Name** (use format: ie. SMITH, Judy Carol)
 - **Circle usual first name used;
 - **If no middle name, state “no middle name” on the form.
 - b. **Present Citizenship of Former Spouse/Common-law partner:** ie. “Canadian”
 - c. **Date of marriage/common-law partnership:** Year-Month-Day format (ie. 2012-01-01)
 - d. **City, province or state, and country of marriage/common-law partnership:** (ie. Regina, Saskatchewan, Canada) – no abbreviations.
 - e. **Date of divorce/separation/deceased:** Year-Month-Day format
 - f. **City, province or state, and country of divorce:** (ie. Regina, Saskatchewan, Canada) – no abbreviations.

**INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA SECURITY CLEARANCE FORM
(Form No. TBS 330-60E)**

- g. Country of Birth (if known): of your former spouse/common-law partner – Year-Month-Day format
- h. Date of Birth: of your former spouse/common-law partner – Year-Month-Day

Section E. Immediate Relatives: To be completed by applicant (Page 1 & continued on Page 2)

- a. Full Name: (Surname, First and Middle Name, including Maiden Name in brackets):
- Circle usual first name used;
 - If no middle name, state “no middle name” on the form.
- b. Relationship: ie. son or daughter (if they are over 18 years of age), mother, father, brother, sister, mother-in-law or father-in-law.
- c. City, Province or State, and Country of Birth: of your immediate relative – ie. Regina, Saskatchewan, Canada (do not abbreviate province and country).
- d. Date of Birth: of your relative Year-Month-Day format
- e. Present address: where your relative currently resides as follows:
- Apartment number, street number, street name, city, province or state, and country (Do not abbreviate province and country)
 - If address is not a street address, you must provide a legal land description for rural addresses (ie. SW-12-13-33-W1).
 - **Do not provide any Post Office Box No’s** – need physical address of residence / not where your mail is forwarded to (PO Box no.).
- f. Date of death (if applicable): Year-Month-Day format
- g. Name and address of employer: Include the following information:
- Name of Company that your relative is employed by – ie. “Smith’s Plumbing”
 - Complete Street Address or Legal Land Description of Company that your spouse is employed by – ie. 245 – 7 Street, Regina, Saskatchewan, Canada (do not abbreviate province and country)
 - **Do not provide any Post Office Box No’s** – need physical address of residence / not where your mail is forwarded to (PO Box no.)
- h. Job Title: of your immediate relative (ie. Financial Officer)

Page 2 of Form:

Top of Page: Surname, and full given names (First and Middle Names) – use this format.

Section F. Criminal Convictions In And Outside Canada: To be completed by applicant

- “No” OR
- “Yes” - if “Yes”, please provide details. If you cannot recall some or all of the details (ie. date of conviction, state “cannot recall”).

Section G. For Completion By Persons Born Outside Canada etc.: To be completed by applicant

- Only complete as requested if born outside of Canada OR born in Canada Holding Dual Citizenship.

**INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA SECURITY CLEARANCE FORM
(Form No. TBS 330-60E)**

Page 3 of Form:

Top of Page: Surname, and full given names (First and Middle Names) – use this format.

Section H. Residence (no gaps in date) : To be completed by applicant

- Include last TEN years of residences, starting with your current home address. If you do not have enough spaces to list residences from the past ten years on the attached form, photocopy this page and list additional residences (include your Surname, Full Given Names and Date of Birth at the top of each additional page).
1. a. Apartment number, b. street number, c. street name, c. city, d. province or state, and e. country (Do not abbreviate province and country)
 - If address is not a street address, you must provide a legal land description for rural addresses (ie. SW-12-13-33-W1).
 - **Do not provide any Post Office Box No's** – need physical address of residence / not where your mail is forwarded to (PO Box no.)
 2. From and To dates that you resided at each residence (Year and Month format); ****no gaps in dates****

Section I. Employment: To be completed by applicant (Page 3 & continued on Page 4)

- Include last TEN years of employment, starting with your current employer. If you do not have enough spaces to list employment from the past ten years on the attached form, photocopy this page and list additional employers (include your Surname, Full Given Names and Date of Birth at the top of each additional page).
1. Would your employment be jeopardized if your current supervisor, below, is contacted?: Check off applicable box – “Yes” or “No”.
 - If Yes, provide the name of an alternate employment contact and telephone number including:
 - a. First Name and Surname of Contact Person
 - b. Company Name that Contact Person is employed for
 - c. Telephone number including area code.
 2. Were you dismissed or asked to resign from any position(s) as listed below?: Check off applicable box – “Yes” or “No”.
 - If Yes, give the name of employer, supervisor, and date:
 - a. Name of Employer: The Company Name
 - b. Supervisor: The person’s first name and surname
 - c. Position Title: Supervisor’s Title
 - d. Date: Year and Month Format – the date that you were dismissed/asked to resign.
 3. Employment History (for the past 10 years):
 - a. Name of Employer: The company name of your employer
 - b. From: The Year and Month that you started working for the specified employer & To: “present” or the date that you stopped working for the specified employer.

**INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA SECURITY CLEARANCE FORM
(Form No. TBS 330-60E)**

- c. Job-Site Address: Street Number, Street Name, City, Province or state, and Country (no abbreviations for City, Province and/or Country)
- d. Job Title/Description: Your Job Title or Description ie. "Consultant"
- e. Rank and Service number (if applicable): if not applicable state "none"
- f. Supervisor's name in Full: First Name and Surname Name of Supervisor
- g. Supervisor's Telephone Number: Include area code in brackets.

NOTE: there cannot be any gaps in dates; if you were unemployed for a short duration, include "unemployed" along with the "From and To" dates on the attached form.

Page 4 of Form:

Top of Page: Surname, and full given names (First and Middle Names) – use this format.

Section J. Foreign Employment: To be completed by applicant

1. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?: Check a box: "Yes" or "No".
2. If yes, give details: Country, organization, nature of work and dates); include military (cadets), law enforcement and security intelligence employment.

Section K. Travel: To be completed by applicant (you must complete for an RRS clearance)

1. If you have not visited within the last five years for personal travel and/or non-Government business, other than Canada, the USA and Mexico, state "None".
2. If you have, include: Country, Purpose of Travel and "From" and "To" dates (year and month format).

Section L. Foreign Assets: To be completed by applicant (you must complete for an RRS clearance)

1. "No" OR
2. "Yes" - if "Yes", please list the relevant countries (exclude stocks and mutual funds purchased in Canada).

Section M. Character References In Canada: To be completed by applicant (you must complete for an RRS clearance)

- List three character references (non-family members) and one neighborhood reference.
1. Name in full (no initials): First Name and Last Name of Individual
 2. Relationship: ie. Friend, Coworker
 3. Period Known: Since (Year) ie. "Since 1975"
 4. Complete Home Address – a. Apartment Number, b. House Number, c. Street number or name d. City, Province or State, Country OR Legal Land Description if in a rural area (ie. SW-30-23-45-W4th) - NO POST OFFICE BOX NO.'S OR POSTAL CODES OR ABBREVIATIONS.
 5. Telephone Number: Home Telephone Number (area code in brackets)

**INSTRUCTIONS FOR COMPLETION OF
GOVERNMENT OF CANADA SECURITY CLEARANCE FORM
(Form No. TBS 330-60E)**

6. Complete Title and Business Address:

- a. Your Reference's Title at Work (ie. Consultant)
- b. Your Reference's Employer/Company Name (ie. Smith Architects)
- c. Your Reference's Business Address (Number, Street No. or Name, City, Province or State, and Country) or Legal Land Description if in a rural area (NO POST OFFICE BOX NO.'S OR POSTAL CODES, NO ABBREVIATIONS).

7. Telephone Number: Your Reference's Business Telephone number or Cell Number (include area code).

- NOTE: Please place an asterisk (*) beside one of the above noted "daytime" telephone numbers of each reference listed, as reference checks will likely be completed during daytime hours.
- NOTE: Please ensure that all of your references are at the telephone numbers that you have provided; failure to provide up to date telephone numbers will result in processing delays.

Section N. Education: To be completed by applicant (you must complete for an RRS clearance)

1. Name of the last school or university you attended "full time": ie. Smith Composite High School or York University.
2. Student ID Number: if unknown, state "unknown"
3. Location of institution: City, Province or State and Country (no abbreviations)
4. Period of Attendance: From and To Dates that you attended this institution (Year and Month format)
5. Field of Study: Diploma or degree obtained OR state "Did not obtain Diploma or degree".

Section O. Military Service: To be completed by applicant (you must complete for an RRS clearance)

1. Name and Last Location:
2. Rank and Service No.:
3. Period of Service: From and To Dates that you served (Year and Month format)
- If no Military Service - include "None".

Section P. Certification: To be completed by applicant

1. Signature: Sign your name
2. Date: Today's Date (Year, Month and Day format)
3. Telephone No.: Home (include area code)
4. Telephone No.: Business (include area code)

****Please ensure that you also review "Government of Canada – Instructions For Completion of Security Clearance Form TBS 330-60E (Rev. 2006-02).**



INSTRUCTIONS FOR COMPLETION OF SECURITY CLEARANCE FORM TBS/SCT 330-60E (Rev. 2006-02)

General:

- Once completed this form shall be safeguarded and handled at the level of PROTECTED A.
- If clarification of information is required, a Canadian Government Official may contact the applicant to obtain additional information in order to complete the security screening investigation and an interview of the applicant may be requested.
- This form is to be completed using an automated system or if not available using a typewriter or printing in block letter format in black ink.
- Please read and follow these instructions carefully.
- The original signed copy must be submitted.
- It is important that a copy of the completed questionnaire be retained by the applicant for future reference.
- Incomplete or illegible forms will NOT be considered.
- All names are to be in full (no initials) (Maternal and Paternal or other names used).
- Addresses are to include, where applicable civic or township name and the lot and concession numbers.
- If information is not known or is unavailable please indicate this on the form and on a separate sheet of paper explain the cause of circumstance.
- All dates are to be entered in order of YEAR, MONTH, and DAY as applicable.
- If space allotted in any portion is insufficient please use separate sheet using same format.

Detailed Instructions:

SECTION A

- To be completed by the department, agency or organization.
- "Other" This should be used to identify if the security screening is for Site Access, NATO, SIGINT etc.

SECTION B (Remainder of the form is to be completed by the applicant)

- Complete as requested.

SECTION C

- Complete as requested.

SECTION D

"common-law partner" - in relation to an applicant, means a person who is cohabiting with the individual in a conjugal relationship, having so cohabited for a period of at least one year. This includes persons of the same sex.

- 1. includes current spouse and common-law partner as applicable.
- If any person is deceased, date of death and last address while living are to be shown.
- 2. includes previous spouse and common-law partner as applicable during the last five years.
- If a person is deceased, date of death is to be shown in 2e.
- All other questions to be answered as set forth.

SECTION E

- Questions 1 to 8 - experience has shown that incomplete answers to these questions are the most common cause of delay. Please follow the instructions carefully.
- For all security clearance requests all Immediate Relative(s) information must be provided.
- Immediate family includes the following:
 - All children 18 years and over that you or your spouse or common-law partner have a parental relationship.
 - Your father, mother, brothers, sisters. Include "half" or "step" relatives in this category.
 - Your current spouse's or common-law partner's father and mother. Include "half" or "step" relatives in this category.

If any person is deceased, date of death and last address while living are to be shown.

SECTION F

- List only criminal convictions for which a pardon has NOT been granted. Include on a separate attached sheet of paper, if more than one conviction. Applicant must include those convictions outside Canada.
- Offences under the *National Defence Act* are to be included as well as convictions by courts-martial are to be recorded.

SECTION G

- If a naturalized Canadian, it is important to show the certificate number, date of issue. Attach a photocopy of the certificate.
- If born abroad of Canadian parents, please provide a copy of your Certificate of Registration of Birth Abroad.
- If not a Canadian Citizen indicate if application has been made for Citizenship. In this case, passport or identity card number and particulars should be recorded in box "6". Please provide copy of Immigrant Visa or Record of Landing documentation.
- Questions 5 and 6 - Attach a separate sheet of paper if more space is required. Each sheet must be signed.

SECTION H

- As set forth, ensuring current address is recorded first.
- The Postal code is mandatory for the current address, and if known, for previous addresses.
- For rural area, include civic number or lot, concession and township number.

SECTION I

- Record your present employment first.
- Please note that it may be necessary to contact your present employer.
- Time at school and periods of unemployment are also to be shown; (as well as, secondments, educational leave, and courses of over six months' duration; include supervisor or colleague's name).
- Job-site address is the address where your work is performed and may be different from your employer's address.

NOTE: If you are self-employed or a consultant, or have been self-employed or a consultant, provide the following:

- Name of employer - give your business name; if not applicable, give your name;
- No change;
- Job-site address - give your permanent business address; if not applicable, give your residence address;
- No change;
- No change;
- Supervisor's name - give a name of a person who can verify your employment;
- No change.

SECTION J

- Is related to determining past employment of security concern. A security official may ask for further details.

SECTION K

- Travel record is for less than six months. If more than this period it is to be recorded as residence in part "H".
- One day visits to countries, such as cruise stopover, do not have to be recorded.
- A security official may ask for details of travel.
- An employee or contractor on Canadian Government business is not required to record details of travel in this section.

SECTION L

- A security official may ask for details in terms of the type of assets and estimated value.

SECTION M

- Character references must be colleagues, peers, and friends who have known you well for over three years and should be able to cover your non-work environment and activities.
- Character references are NOT to include relatives and MUST be residing in Canada.
- Faster processing is facilitated if references listed are in your geographic area.
- Neighbourhood reference is an individual who has known you for over six months preferably at your current address. If not, the individual has been a neighbour during the past five years.

SECTION N

- Complete as requested.

SECTION O

- Question to be answered if not covered in employment section. List last or current unit and dates of total service in the Canadian Armed Forces.
- If more space is required use a separate sheet of paper. Each sheet must be signed.

SECTION P

- Complete as requested.

SUPPLEMENTAL INFORMATION REQUIREMENTS

Persons who have previously completed a SECURITY CLEARANCE and subsequently marry, remarry or commence a common-law partnership are required to submit an original Security Clearance Form with the following parts completed:

For all Security Clearances

- Part A - As set forth in each question
- Part B - As set forth in each question
- Part C - As set forth in each question
- Part D - As set forth in each question
- Part E - Provide details on parents of new spouse/common-law partner and any children (over the age of 18 years) of the new spouse/common-law partner
- Part P - To be signed by person submitting the form

Note: In addition to the above, in those cases where an individual marries or commences a common-law partnership with a Non-Canadian National or Landed Immigrant who has not yet arrived in Canada, the following information is required:

- Parts A-D As set forth in each question
- Part E - Parents of new spouse/common-law partner, brothers, sisters (include "half and "step" relatives) and any children (over the age of 18 years) of the new spouse/common-law partner
- Part H - For new spouse/common-law partnership
- Part I - For new spouse/common-law partnership
- Part P - To be signed by person submitting the form

CYCLICAL UPDATE REQUIREMENTS

- Levels I+II (10 year update). Complete all portions of the form as per instructions above.
- Level III (5 year update cycle)

With the exceptions of Parts H and I, where the information required is that which covers the period of time since the last submission of a questionnaire, **ALL OTHER** parts of the questionnaire must be completed **IN FULL**.



PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

OFFICE USE ONLY		
Reference number	Department/Organization number	File number

NOTE: For Privacy Act Statement refer to Section C of this form and for completion instructions refer to attached instructions. Please typewrite or print in block letters.

A ADMINISTRATIVE INFORMATION (To be completed by the Authorized Departmental/Agency/Organizational Official)

New
 Update
 Upgrade
 Transfer
 Supplemental
 Re-activation

The requested level of reliability/security check(s)

Reliability Status
 Level I (CONFIDENTIAL)
 Level II (SECRET)
 Level III (TOP SECRET)

Other _____

PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT

Indeterminate
 Term
 Contract
 Industry
 Other (specify secondment, assignment, etc.) _____

Justification for security screening requirement

Position/Competition/Contract number	Title	Group/Level (Rank if applicable)	
Employee ID number/PR/Rank and Service number (if applicable)	If term or contract, indicate duration period	From	To
Name and address of department / organization / agency	Name of official	Telephone number ()	Facsimile number ()

B BIOGRAPHICAL INFORMATION (To be completed by the applicant)

Surname (Last name) _____ Full given names (no initials) underline or circle usual name used _____ Family name at birth _____

All other names used (i.e. Nickname) _____

Sex: Male Female
 Date of birth: Y | M | D
 Country of birth: _____
 Date of entry into Canada if born outside Canada: Y | M | D

RESIDENCE (provide addresses for the last five years, starting with the most current)

Home address _____ Daytime telephone number () _____ E-mail address _____

1	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To present
	City		Province or state	Postal code	Country	Telephone number ()

2	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City		Province or state	Postal code	Country	Telephone number ()

Have you previously completed a Government of Canada security screening form? Yes No

If yes, give name of employer, level and year of screening. _____ Y

CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)

Have you ever been convicted of a criminal offence for which you have not been granted a pardon? Yes No

If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction)

Charge(s)	Name of police force	City
Province/State	Country	Date of conviction Y M D



PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

Surname and full given names, Date of birth (Y, M, D)

C CONSENT AND VERIFICATION (To be completed by the applicant and authorized Departmental/Agency/Organizational Official)

Table with 5 rows and 5 columns: Checks Required, Applicant's initials, Name of official (print), Official's initials, Official's Telephone number.

The Privacy Act Statement
The information on this form is required for the purpose of providing a security screening assessment. It is collected under the authority of subsection 7(1) of the Financial Administration Act and the Government Security Policy (GSP) of the Government of Canada...

I, the undersigned, do consent to the disclosure of the preceding information including my photograph for its subsequent verification and/or use in an investigation for the purpose of providing a security screening assessment.

Signature, Date (Y/M/D)

D REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official responsible for ensuring the completion of sections A, B and C)

Name and title, Telephone number, Address, Facsimile number

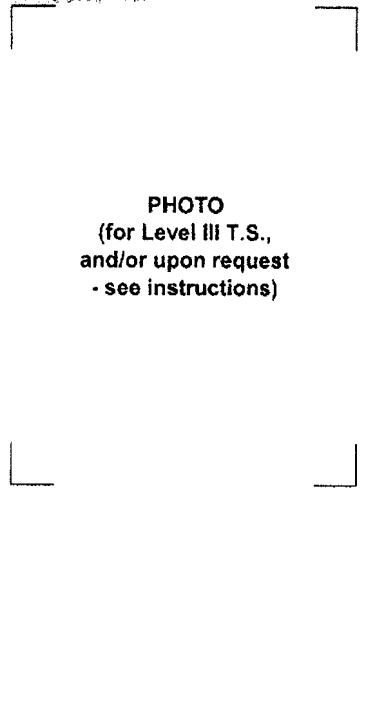
E APPROVAL (To be completed by authorized Departmental/Agency/Organizational Security Official only)

I, the undersigned, as the authorized security official, do hereby approve the following level of screening.

Reliability Status: Approved Reliability Status, Not approved. Name and title, Signature, Date (Y/M/D)

Security Clearance (if applicable): Level I, Level II, Level III, Not recommended. Name and title, Signature, Date (Y/M/D)

Comments





INSTRUCTIONS FOR PERSONNEL SCREENING CONSENT AND AUTHORIZATION FORM TBS/SCT 330-23E (Rev. 2002/02)

Once completed, this form shall be safeguarded and handled at the level of Protected A.

General:

If space allotted in any portion is insufficient please use separate sheet using same format.

1. Section A (Administrative Information) Authorized Departmental/Agency/Organizational Official

The Official, based on instructions issued by the Departmental Security Officer, may be responsible for determining, based on five year background history, what constitutes sufficient verification of personal data, educational and professional qualifications, and employment history. References are to be limited to those provided on the application for employment or equivalent forms.

SUPPLEMENTAL INFORMATION REQUIREMENTS

Persons who presently hold a SECURITY CLEARANCE and subsequently marry, remarry or commence a common-law partnership, in addition to having to update sections of the *Security Clearance Form (TBS/SCT 330-60)*, are required to submit an original *Personnel Screening, Consent and Authorization Form*, with the following parts completed:

Part A - As set forth in each question

Part B - As set forth in each question, excluding CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA.

Part C - Applicant's signature and date only are required

"Other". This should be used to identify if the security screening is for Site Access, NATO, SIGINT etc.

2. Section B (Biographical Information)

To be completed by the *applicant*. If more space is required use a separate sheet of paper. Each sheet must be signed.

Country of Birth - For "NEW" requests, if born abroad of Canadian parents, please provide a copy of your Certificate of Registration of Birth Abroad. If you arrived in Canada less than five years ago, provide a copy of the Immigration Visa, Record of Landing document or a copy of passport.

- List only criminal convictions for which a pardon has NOT been granted. Include on a separate attached sheet of paper, if more than one conviction. Applicant must include those convictions outside Canada.
- Offences under the *National Defence Act* are to be included as well as convictions by courts-martial are to be recorded.

3. Section C (Consent and Verification)

A copy of Section "C" may be released to institutions to provide acknowledgement of consent.

Criminal record checks (fingerprints may be required) and credit checks are to be arranged through the Departmental Security Office or the delegated Officer.

Consent: may be given only by an applicant who has reached the age of majority, otherwise, the signature of a parent or guardian is mandatory.

The age of majority is:

19 years in N.F.L.D., N.S., N.B., B.C., Yukon, Northwest Territories and Nunavut;

18 years in P.E.I., Que., Ont., Man., Sask. and Alta.

The applicant will provide initials in the "applicant's initials box".

The official who carried out the verification of the information will print their name, insert their initials and telephone number in the required space.

- Reliability Screening (for all types of screening identified within Section A): complete numbers 1 and 2 and 3 if applicable.
- Security Clearance (for all types of screening identified within Section A): complete numbers 1 to 4 and 5 where applicable.
- Other: number 5 is used only where prior Treasury Board of Canada Secretariat approval has been obtained.

4. Section D (Review)

To be completed by authorized Departmental/Agency/Organizational Official who is responsible for ensuring the completion of sections A to C as requested.

5. Section E (Approval)

Authorized Departmental/Agency/Organizational Security Official refers to the individuals as determined by departments, agencies, and organizations that may verify reliability information and/or approve/not approve reliability status and/or security clearances. Approved Reliability Status and Level I, II and III, as well as the signature of the authorized security official or manager are added for Government of Canada use only. Applicants are to be briefed, acknowledge, and be provided with a copy of the "Security Screening Certificate and Briefing Form (TBS/SCT 330-47)".
Note: Private sector organizations do not have the authority to approve any level of security screening.

Photographs: Departments/Agencies/Organizations are responsible for ensuring that three colour photographs of passport size are attached to the form for the investigating agency. Maximum dimensions are 50mm x 70mm and minimum are 43mm x 54mm. The face length from chin to crown of head must be between 25mm x 35mm. The photographs must be signed by the applicant and an authorized security official. The photographs must have been taken within the last six months. It is required for new or upgrade Level III security clearances for identification of the applicant during the security screening investigation by the investigating agency. The investigating agency may in specific incidents request a photograph for a Level I or II clearances when an investigation is required.



OFFICE USE ONLY

Reference number	Department number	File number
------------------	-------------------	-------------

SECURITY CLEARANCE FORM

The Privacy Act Statement

The information on this form is required for the purpose of providing a security assessment. It is collected under the authority of subsection 7(1) of the *Financial Administration Act* and the Government Security Policy (GSP) of the Government of Canada and is protected by the provisions of the *Privacy Act* in institutions that are covered by the *Privacy Act*. Its collection is mandatory. A refusal to provide information will lead to a review of whether the person is eligible to hold the position or perform the contract that is associated with this Personnel Screening Request. The information collected by the government institution may be disclosed to the Royal Canadian Mounted Police (RCMP) and the Canadian Security Intelligence Service (CSIS), which conduct the requisite checks and/or investigation in accordance with the GSP and to entities outside the federal government (e.g. credit bureaus). It is used to support decisions on individuals working or applying to work through appointment, assignment or contract, transfers or promotions. It may also be used in the context of updating, or reviewing for cause, the reliability status, security clearance or site access, all of which may lead to a re-assessment of the applicable type of security screening. Information collected by the government institution, and information gathered from the requisite checks and/or investigation, may be used to support decisions, which may lead to discipline and/or termination of employment or contractual agreements. The personal information collected is described in Standard PIB PSU 917 (Personnel Security Screening) which is used by all government agencies, except the Department of National Defence PIB DND/PPE 834 (Personnel Security Investigation File), RCMP PIB CMP PPU 065 (Security/Reliability Screening Records), CSIS PIB SIS PPE 815 (Employee Security), and PWGSC PIB PWGSC PPU 015 (Personnel Clearance and Reliability Records) used for Canadian Industry Personnel. Personal information related to security assessments is also described in the CSIS PIB SIS PPU 005 (Security Assessments/Advice).

Please typewrite or print in block letters.

NOTE: Level I and II must complete sections A to J inclusive and P.
Level III must complete all sections.

A ADMINISTRATIVE INFORMATION (To be completed by Department/Agency/Organization)		
<input type="checkbox"/> New	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Supplemental
<input type="checkbox"/> Update	<input type="checkbox"/> Transfer	<input type="checkbox"/> Re-activation
Level		<input type="checkbox"/> I (CONFIDENTIAL) <input type="checkbox"/> III (TOP SECRET)
		<input type="checkbox"/> II (SECRET) <input type="checkbox"/> other
Department/Agency/Organization	Employee ID number/PRI/Rank and Service number (if applicable)	Organization number

B BIOGRAPHICAL INFORMATION (To be completed by the applicant)		
1. Surname (Last name)	2. Full given names (no initials) underline or circle usual name used	3. Family name at birth
4. All other names used (i.e. Nickname)	5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of birth Y M D
7. Place of birth (city)	Province/State	Country
8. Name change (other than marriage)	From	To
9. Place of change (city, province or state, and country)		10. Method (authority)

C SECURITY SCREENING	
1. Have you previously completed a Government of Canada security screening form? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name of department/agency/organization, and the year and level of clearance. Y

D MARITAL STATUS/COMMON-LAW PARTNERSHIP	
Current status <input type="checkbox"/> Married <input type="checkbox"/> Common-Law Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
1. A) CURRENT SPOUSE/COMMON-LAW PARTNER: Surname, given names B) Maiden Name (if applicable) C) Present citizenship of current spouse/common-law partner	
D) Date of marriage/common-law partnership Y M D	E) City, province or state, and country of marriage/common-law partnership
F) City, province or state, and country of birth	G) Date of birth Y M D
H) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	I) If separated, widowed or divorced, specify date Y M D
J) Name and address of employer (job title)	
2. A) PREVIOUS SPOUSE/COMMON-LAW PARTNER: Surname, given names (cover only the past five years) B) Present citizenship of former spouse/common-law partner	
C) Date of marriage/common-law partnership Y M D	D) City, province or state, and country of marriage/common-law partnership
E) Date of divorce/separation/deceased Y M D	F) City, province or state, and country of divorce
G) Country of Birth (if known)	H) Date of birth Y M D

E IMMEDIATE RELATIVES (including those living outside Canada) (see instructions)	
NOTE: Do not use initials	
1. A) Full name (surname and all given names, including maiden name) B) Relationship	
C) City, province or state, and country of birth	D) Date of birth Y M D
E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country)	F) Date of death (if applicable) Y M D
G) Name and address of employer	H) Job title

Surname and full given names	Date of birth	Y	M	D
------------------------------	---------------	---	---	---

E IMMEDIATE RELATIVES (continued)

NOTE: Do not use Initials

2	A) Full name (surname and all given names, including maiden name) C) City, province or state, and country of birth E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) G) Name and address of employer	B) Relationship D) Date of birth F) Date of death (if applicable) H) Job title
3	A) Full name (surname and all given names, including maiden name) C) City, province or state, and country of birth E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) G) Name and address of employer	B) Relationship D) Date of birth F) Date of death (if applicable) H) Job title
4	A) Full name (surname and all given names, including maiden name) C) City, province or state, and country of birth E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) G) Name and address of employer	B) Relationship D) Date of birth F) Date of death (if applicable) H) Job title
5	A) Full name (surname and all given names, including maiden name) C) City, province or state, and country of birth E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) G) Name and address of employer	B) Relationship D) Date of birth F) Date of death (if applicable) H) Job title
6	A) Full name (surname and all given names, including maiden name) C) City, province or state, and country of birth E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) G) Name and address of employer	B) Relationship D) Date of birth F) Date of death (if applicable) H) Job title
7	A) Full name (surname and all given names, including maiden name) C) City, province or state, and country of birth E) Present address (apartment number, street number, street name, civic number (if applicable), city, province or state and country) G) Name and address of employer	B) Relationship D) Date of birth F) Date of death (if applicable) H) Job title

F CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)

Have you ever been convicted of a criminal offence for which you have not been granted a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction)
Charge(s)	Name of police force
Province/State	City
Country	Date of conviction

G FOR COMPLETION BY PERSONS BORN OUTSIDE CANADA OR BORN IN CANADA HOLDING DUAL CITIZENSHIP (see instructions)

1. Date of entry into Canada Y M D	2. Present citizenship
3. If you are a naturalized Canadian, give the certificate number and date of issue Certificate No. _____ Y M D	4. If you are not naturalized, have you applied for Canadian citizenship? Please provide copy of Immigrant Visa or Record of Landing documentation <input type="checkbox"/> Yes <input type="checkbox"/> No Date of application Y M D
5. Do you maintain citizenship of a country other than Canada? If yes, please provide the name of the country and explain why. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) Name of Country: _____ Explain:	6. Have you used a passport other than a Canadian one? If yes, explain why. <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) Explain:

Surname and full given names	Date of birth						
	<table style="margin: auto; border: none;"> <tr> <td style="padding: 0 5px;">Y</td> <td style="padding: 0 5px;">M</td> <td style="padding: 0 5px;">D</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Y	M	D			
Y	M	D					

H RESIDENCE (there should be no gaps)

List addresses where you have lived during the last 10 years, starting with the most current. (Rural address to include lot and civic number.)

1	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To present
	City			Province or state	Postal code	Country
2	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City			Province or state	Postal code	Country
3	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City			Province or state	Postal code	Country
4	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City			Province or state	Postal code	Country
5	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M	To Y M
	City			Province or state	Postal code	Country

I EMPLOYMENT (last 10 years) (see instructions for self-employed and consultants) (there should be no gaps)

Would your employment be jeopardized if your current supervisor, below, is contacted? Yes No

If yes, provide the name of an alternate employment contact and telephone number.

Were you dismissed or asked to resign from any position(s) as listed below? Yes No

If yes, give name of employer, supervisor, and date.

Name of employer	Supervisor	Position title	Date				
			<table style="margin: auto; border: none;"> <tr> <td style="padding: 0 5px;">Y</td> <td style="padding: 0 5px;">M</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Y	M		
Y	M						

1	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	Y M	To	present	
	C) Job-site address (street number, street name, city, province or state and country)					
	D) Job title/Description			E) Rank and service number (if applicable)		
F) Supervisor's name in full				G) Supervisor's telephone number ()		
2	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	Y M	To	Y M	
	C) Job-site address (street number, street name, city, province or state and country)					
	D) Job title/Description			E) Rank and service number (if applicable)		
F) Supervisor's name in full				G) Supervisor's telephone number ()		
3	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	Y M	To	Y M	
	C) Job-site address (street number, street name, city, province or state and country)					
	D) Job title/Description			E) Rank and service number (if applicable)		
F) Supervisor's name in full				G) Supervisor's telephone number ()		
4	A) Name of employer - do not use initials (department/organization/agency, if applicable)	B) From	Y M	To	Y M	
	C) Job-site address (street number, street name, city, province or state and country)					
	D) Job title/Description			E) Rank and service number (if applicable)		
F) Supervisor's name in full				G) Supervisor's telephone number ()		

Surname and full given names	Date of birth	Y	M	D
------------------------------	---------------	---	---	---

J FOREIGN EMPLOYMENT

1. Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

Yes No

If yes, give details (country, organization, nature of work and dates) Include military (cadets), law enforcement and security intelligence employment

SECTIONS "K" TO "O" MUST ALSO BE COMPLETED FOR LEVEL III ONLY

K TRAVEL

List countries visited within the last five years for personal travel and/or non-Government business, other than Canada, the USA and Mexico.

Country	Purpose	From		To	
		Y	M	Y	M

L FOREIGN ASSETS

Do you have any business, financial or personal assets outside Canada?

Yes No

If yes, list the relevant countries (exclude stocks and mutual funds purchased in Canada)

M CHARACTER REFERENCES IN CANADA (see instructions)

List three character references (non-family members) and one neighbourhood reference

1	Name in full (no initials)	Relationship	Period known
	Complete home address	Telephone Number ()	
	Complete title and business address	Business Telephone Number ()	
2	Name in full (no initials)	Relationship	Period known
	Complete home address	Telephone Number ()	
	Complete title and business address	Business Telephone Number ()	
3	Name in full (no initials)	Relationship	Period known
	Complete home address	Telephone Number ()	
	Complete title and business address	Business Telephone Number ()	
Neighbourhood reference (see instructions)			
	Name in full (no initials)		Telephone Number ()
	Complete home address		Business Telephone Number ()

N EDUCATION

1. Name of the last school or university you attended full time	2. Student ID number (if known)	3. Location of institution	4. Period of attendance
			From Y M To Y M
5. Field of study (Diploma or degree obtained)			

O MILITARY SERVICE

Military service in the Canadian Armed Forces: Regular, Reserves and Sea, Army and Air Cadets (from the period since your 16th birthday).

1. Name and last location	2. Rank and Service no.	3. Period of service
		From Y M To Y M

P CERTIFICATION

I hereby certify that the information set out by me in this document is true and correct to the best of my knowledge and belief.

1. Signature	2. Date	3. Telephone (Home)	3. Telephone (Business)
	Y M D	()	()

ALL INFORMATION SUPPLIED IS SUBJECT TO VERIFICATION BY INVESTIGATION



INSTRUCTIONS FOR COMPLETION OF SECURITY CLEARANCE FORM TBS/SCT 330-60E (Rev. 2006-02)

General:

- Once completed this form shall be safeguarded and handled at the level of PROTECTED A.
- If clarification of information is required, a Canadian Government Official may contact the applicant to obtain additional information in order to complete the security screening investigation and an interview of the applicant may be requested.
- This form is to be completed using an automated system or if not available using a typewriter or printing in block letter format in black ink.
- Please read and follow these instructions carefully.
- The original signed copy must be submitted.
- It is important that a copy of the completed questionnaire be retained by the applicant for future reference.
- Incomplete or illegible forms will NOT be considered.
- All names are to be in full (no initials) (Maternal and Paternal or other names used).
- Addresses are to include, where applicable civic or township name and the lot and concession numbers.
- If information is not known or is unavailable please indicate this on the form and on a separate sheet of paper explain the cause of circumstance.
- All dates are to be entered in order of YEAR, MONTH, and DAY as applicable.
- If space allotted in any portion is insufficient please use separate sheet using same format.

Detailed Instructions:

SECTION A

- To be completed by the department, agency or organization.
- "Other" This should be used to identify if the security screening is for Site Access, NATO, SIGINT etc.

SECTION B (Remainder of the form is to be completed by the applicant)

- Complete as requested.

SECTION C

- Complete as requested.

SECTION D

"common-law partner" - in relation to an applicant, means a person who is cohabiting with the individual in a conjugal relationship, having so cohabited for a period of at least one year. This includes persons of the same sex.

- 1. includes current spouse and common-law partner as applicable.
- If any person is deceased, date of death and last address while living are to be shown.
- 2. includes previous spouse and common-law partner as applicable during the last five years.
- If a person is deceased, date of death is to be shown in 2e.
- All other questions to be answered as set forth.

SECTION E

- Questions 1 to 8 - experience has shown that incomplete answers to these questions are the most common cause of delay. Please follow the instructions carefully.
- For all security clearance requests all Immediate Relative(s) information must be provided.
- Immediate family includes the following:
 - All children 18 years and over that you or your spouse or common-law partner have a parental relationship.
 - Your father, mother, brothers, sisters. Include "half" or "step" relatives in this category.
 - Your current spouse's or common-law partner's father and mother. Include "half" or "step" relatives in this category.

If any person is deceased, date of death and last address while living are to be shown.

SECTION F

- List only criminal convictions for which a pardon has NOT been granted. Include on a separate attached sheet of paper, if more than one conviction. Applicant must include those convictions outside Canada.
- Offences under the *National Defence Act* are to be included as well as convictions by courts-martial are to be recorded.

SECTION G

- If a naturalized Canadian, it is important to show the certificate number, date of issue. Attach a photocopy of the certificate.
- If born abroad of Canadian parents, please provide a copy of your Certificate of Registration of Birth Abroad.
- If not a Canadian Citizen indicate if application has been made for Citizenship. In this case, passport or identity card number and particulars should be recorded in box "6". Please provide copy of Immigrant Visa or Record of Landing documentation.
- Questions 5 and 6 - Attach a separate sheet of paper if more space is required. Each sheet must be signed.

SECTION H

- As set forth, ensuring current address is recorded first.
- The Postal code is mandatory for the current address, and if known, for previous addresses.
- For rural area, include civic number or lot, concession and township number.

SECTION I

- Record your present employment first.
- Please note that it may be necessary to contact your present employer.
- Time at school and periods of unemployment are also to be shown; (as well as, secondments, educational leave, and courses of over six months' duration; include supervisor or colleague's name).
- Job-site address is the address where your work is performed and may be different from your employer's address.

NOTE: If you are self-employed or a consultant, or have been self-employed or a consultant, provide the following:

- a) Name of employer - give your business name; if not applicable, give your name;
- b) No change;
- c) Job-site address - give your permanent business address; if not applicable, give your residence address;
- d) No change;
- e) No change;
- f) Supervisor's name - give a name of a person who can verify your employment;
- g) No change.

SECTION J

- Is related to determining past employment of security concern. A security official may ask for further details.

SECTION K

- Travel record is for less than six months, if more than this period it is to be recorded as residence in part "H".
- One day visits to countries, such as cruise stopover, do not have to be recorded.
- A security official may ask for details of travel.
- An employee or contractor on Canadian Government business is not required to record details of travel in this section.

SECTION L

- A security official may ask for details in terms of the type of assets and estimated value.

SECTION M

- Character references must be colleagues, peers, and friends who have known you well for over three years and should be able to cover your non-work environment and activities.
- Character references are NOT to include relatives and MUST be residing in Canada.
- Faster processing is facilitated if references listed are in your geographic area.
- Neighbourhood reference is an individual who has known you for over six months preferably at your current address. If not, the individual has been a neighbour during the past five years.

SECTION N

- Complete as requested.

SECTION O

- Question to be answered if not covered in employment section. List last or current unit and dates of total service in the Canadian Armed Forces.
- If more space is required use a separate sheet of paper. Each sheet must be signed.

SECTION P

- Complete as requested.

SUPPLEMENTAL INFORMATION REQUIREMENTS

Persons who have previously completed a SECURITY CLEARANCE and subsequently marry, remarry or commence a common-law partnership are required to submit an original Security Clearance Form with the following parts completed:

For all Security Clearances

- Part A - As set forth in each question
- Part B - As set forth in each question
- Part C - As set forth in each question
- Part D - As set forth in each question
- Part E - Provide details on parents of new spouse/common-law partner and any children (over the age of 18 years) of the new spouse/common-law partner
- Part P - To be signed by person submitting the form

Note: In addition to the above, in those cases where an individual marries or commences a common-law partnership with a Non-Canadian National or Landed Immigrant who has not yet arrived in Canada, the following information is required:

- Parts A-D As set forth in each question
- Part E - Parents of new spouse/common-law partner, brothers, sisters (include "half and "step" relatives) and any children (over the age of 18 years) of the new spouse/common-law partner
- Part H - For new spouse/common-law partnership
- Part I - For new spouse/common-law partnership
- Part P - To be signed by person submitting the form

CYCLICAL UPDATE REQUIREMENTS

- Levels I+II (10 year update). Complete all portions of the form as per instructions above.
- Level III (5 year update cycle)

With the exceptions of Parts H and I, where the information required is that which covers the period of time since the last submission of a questionnaire, **ALL OTHER** parts of the questionnaire must be completed **IN FULL**.



**SECURITY REQUIREMENTS CHECK LIST (SRCL)
LISTE DE VÉRIFICATION DES EXIGENCES RELATIVES À LA SÉCURITÉ (LVERS)**

PART A - CONTRACT INFORMATION / PARTIE A - INFORMATION CONTRACTUELLE

1. Originating Government Department or Organization / Ministère ou organisme gouvernemental d'origine **RCMP** 2. Branch or Directorate / Direction générale ou Direction Strategic Planning & Proj. Mgmt, Corporate Mgmt Branch

3. a) Subcontract Number / Numéro du contrat de sous-traitance 3. b) Name and Address of Subcontractor / Nom et adresse du sous-traitant
N/A

4. Brief Description of Work / Brève description du travail
Successful consultants will be given copies Protect A material such as (eg.) RCMP Property Management Manual (PMM) and drawings & specifications in order to provide professional design & engineering for RCMP buildings. They will be also be accessing existing detachment spaces to survey work areas and existing site conditions.

5. a) Will the supplier require access to Controlled Goods? / Le fournisseur aura-t-il accès à des marchandises contrôlées? No / Non Yes / Oui

5. b) Will the supplier require access to unclassified military technical data subject to the provisions of the Technical Data Control Regulations? / Le fournisseur aura-t-il accès à des données techniques militaires non classifiées qui sont assujetties aux dispositions du Règlement sur le contrôle des données techniques? No / Non Yes / Oui

6. Indicate the type of access required / Indiquer le type d'accès requis

6. a) Will the supplier and its employees require access to PROTECTED and/or CLASSIFIED information or assets? / Le fournisseur ainsi que les employés auront-ils accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS? (Specify the level of access using the chart in Question 7. c) / Préciser le niveau d'accès en utilisant le tableau qui se trouve à la question 7. c) No / Non Yes / Oui

6. b) Will the supplier and its employees (e.g. cleaners, maintenance personnel) require access to restricted access areas? No access to PROTECTED and/or CLASSIFIED information or assets is permitted. / Le fournisseur et ses employés (p. ex. nettoyeurs, personnel d'entretien) auront-ils accès à des zones d'accès restreintes? L'accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS n'est pas autorisé. No / Non Yes / Oui

6. c) Is this a commercial courier or delivery requirement with no overnight storage? / S'agit-il d'un contrat de messagerie ou de livraison commerciale sans entreposage de nuit? No / Non Yes / Oui

7. a) Indicate the type of information that the supplier will be required to access / Indiquer le type d'information auquel le fournisseur devra avoir accès
Canada NATO / OTAN Foreign / Étranger

7. b) Release restrictions / Restrictions relatives à la diffusion

No release restrictions / Aucune restriction relative à la diffusion <input checked="" type="checkbox"/>	All NATO countries / Tous les pays de l'OTAN <input type="checkbox"/>	No release restrictions / Aucune restriction relative à la diffusion <input type="checkbox"/>
Not releasable / À ne pas diffuser <input type="checkbox"/>		
Restricted to: / Limité à: <input type="checkbox"/>	Restricted to: / Limité à: <input type="checkbox"/>	Restricted to: / Limité à: <input type="checkbox"/>
Specify country(ies): / Préciser le(s) pays:	Specify country(ies): / Préciser le(s) pays:	Specify country(ies): / Préciser le(s) pays:

7. c) Level of information / Niveau d'information

PROTECTED A / PROTÉGÉ A <input checked="" type="checkbox"/>	NATO UNCLASSIFIED / NATO NON CLASSIFIÉ <input type="checkbox"/>	PROTECTED A / PROTÉGÉ A <input type="checkbox"/>
PROTECTED B / PROTÉGÉ B <input type="checkbox"/>	NATO RESTRICTED / NATO DIFFUSION RESTREINTE <input type="checkbox"/>	PROTECTED B / PROTÉGÉ B <input type="checkbox"/>
PROTECTED C / PROTÉGÉ C <input type="checkbox"/>	NATO CONFIDENTIAL / NATO CONFIDENTIEL <input type="checkbox"/>	PROTECTED C / PROTÉGÉ C <input type="checkbox"/>
CONFIDENTIAL / CONFIDENTIEL <input type="checkbox"/>	NATO SECRET / NATO SECRET <input type="checkbox"/>	CONFIDENTIAL / CONFIDENTIEL <input type="checkbox"/>
SECRET / SECRET <input type="checkbox"/>	COSMIC TOP SECRET / COSMIC TRÈS SECRET <input type="checkbox"/>	SECRET / SECRET <input type="checkbox"/>
TOP SECRET / TRÈS SECRET <input type="checkbox"/>		TOP SECRET / TRÈS SECRET <input type="checkbox"/>
TOP SECRET (SIGINT) / TRÈS SECRET (SIGINT) <input type="checkbox"/>		TOP SECRET (SIGINT) / TRÈS SECRET (SIGINT) <input type="checkbox"/>



Contract Number / Numéro du contrat
Security Classification / Classification de sécurité

PART A (continued) / PARTIE A (suite)

8. Will the supplier require access to PROTECTED and/or CLASSIFIED COMSEC information or assets?
 Le fournisseur aura-t-il accès à des renseignements ou à des biens COMSEC désignés PROTÉGÉS et/ou CLASSIFIÉS? No / Non Yes / Oui
 If Yes, indicate the level of sensitivity:
 Dans l'affirmative, indiquer le niveau de sensibilité :

9. Will the supplier require access to extremely sensitive INFOSEC information or assets?
 Le fournisseur aura-t-il accès à des renseignements ou à des biens INFOSEC de nature extrêmement délicate? No / Non Yes / Oui
 Short Title(s) of material / Titre(s) abrégé(s) du matériel :
 Document Number / Numéro du document :

PART B - PERSONNEL (SUPPLIER) / PARTIE B - PERSONNEL (FOURNISSEUR)

10. a) Personnel security screening level required / Niveau de contrôle de la sécurité du personnel requis

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> RELIABILITY STATUS
COTE DE FIABILITÉ | <input type="checkbox"/> CONFIDENTIAL
CONFIDENTIEL | <input type="checkbox"/> SECRET
SECRET | <input type="checkbox"/> TOP SECRET
TRÈS SECRET |
| <input type="checkbox"/> TOP SECRET - SIGINT
TRÈS SECRET - SIGINT | <input type="checkbox"/> NATO CONFIDENTIAL
NATO CONFIDENTIEL | <input type="checkbox"/> NATO SECRET
NATO SECRET | <input type="checkbox"/> COSMIC TOP SECRET
COSMIC TRÈS SECRET |
| <input type="checkbox"/> SITE ACCESS
ACCÈS AUX EMPLACEMENTS | | | |

Special comments:
 Commentaires spéciaux : _____

NOTE: If multiple levels of screening are identified, a Security Classification Guide must be provided.
 REMARQUE : Si plusieurs niveaux de contrôle de sécurité sont requis, un guide de classification de la sécurité doit être fourni.

10. b) May unscreened personnel be used for portions of the work?
 Du personnel sans autorisation sécuritaire peut-il se voir confier des parties du travail? No / Non Yes / Oui
 If Yes, will unscreened personnel be escorted?
 Dans l'affirmative, le personnel en question sera-t-il escorté? No / Non Yes / Oui

PART C - SAFEGUARDS (SUPPLIER) / PARTIE C - MESURES DE PROTECTION (FOURNISSEUR)

INFORMATION / ASSETS / RENSEIGNEMENTS / BIENS

11. a) Will the supplier be required to receive and store PROTECTED and/or CLASSIFIED information or assets on its site or premises?
 Le fournisseur sera-t-il tenu de recevoir et d'entreposer sur place des renseignements ou des biens PROTÉGÉS et/ou CLASSIFIÉS? No / Non Yes / Oui

11. b) Will the supplier be required to safeguard COMSEC information or assets?
 Le fournisseur sera-t-il tenu de protéger des renseignements ou des biens COMSEC? No / Non Yes / Oui

PRODUCTION

11. c) Will the production (manufacture, and/or repair and/or modification) of PROTECTED and/or CLASSIFIED material or equipment occur at the supplier's site or premises?
 Les installations du fournisseur serviront-elles à la production (fabrication et/ou réparation et/ou modification) de matériel PROTÉGÉ et/ou CLASSIFIÉ? No / Non Yes / Oui

INFORMATION TECHNOLOGY (IT) MEDIA / SUPPORT RELATIF À LA TECHNOLOGIE DE L'INFORMATION (TI)

11. d) Will the supplier be required to use its IT systems to electronically process, produce or store PROTECTED and/or CLASSIFIED information or data?
 Le fournisseur sera-t-il tenu d'utiliser ses propres systèmes informatiques pour traiter, produire ou stocker électroniquement des renseignements ou des données PROTÉGÉS et/ou CLASSIFIÉS? No / Non Yes / Oui

11. e) Will there be an electronic link between the supplier's IT systems and the government department or agency?
 Disposera-t-on d'un lien électronique entre le système informatique du fournisseur et celui du ministère ou de l'agence gouvernementale? No / Non Yes / Oui

Security Classification / Classification de sécurité
--



Contract Number / Numéro du contrat
Security Classification / Classification de sécurité

PART C - (continued) / PARTIE C - (suite)

For users completing the form manually use the summary chart below to indicate the category(ies) and level(s) of safeguarding required at the supplier's site(s) or premises.

Les utilisateurs qui remplissent le formulaire manuellement doivent utiliser le tableau récapitulatif ci-dessous pour indiquer, pour chaque catégorie, les niveaux de sauvegarde requis aux installations du fournisseur.

For users completing the form online (via the Internet), the summary chart is automatically populated by your responses to previous questions.

Dans le cas des utilisateurs qui remplissent le formulaire en ligne (par Internet), les réponses aux questions précédentes sont automatiquement saisies dans le tableau récapitulatif.

SUMMARY CHART / TABLEAU RÉCAPITULATIF

Category / Catégorie	PROTECTED / PROTÉGÉ			CLASSIFIED / CLASSIFIÉ			NATO				COMSEC					
	A	B	C	CONFIDENTIAL / CONFIDENTIEL	SECRET	TOP SECRET / TRÈS SECRET	NATO RESTRICTED / NATO DIFFUSION RESTREINTE	NATO CONFIDENTIAL / NATO CONFIDENTIEL	NATO SECRET	COSMIC TOP SECRET / COSMIC TRÈS SECRET	PROTECTED / PROTÉGÉ			CONFIDENTIAL / CONFIDENTIEL	SECRET	TOP SECRET / TRÈS SECRET
											A	B	C			
Information / Assets / Renseignements / Biens	✓															
Production	✓															
IT Media / Support TI																
IT Link / Lien électronique																

12. a) Is the description of the work contained within this SRCL PROTECTED and/or CLASSIFIED?

La description du travail visé par la présente LVERS est-elle de nature PROTÉGÉE et/ou CLASSIFIÉE?

No / Non Yes / Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification".

Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée « Classification de sécurité » au haut et au bas du formulaire.

12. b) Will the documentation attached to this SRCL be PROTECTED and/or CLASSIFIED?

La documentation associée à la présente LVERS sera-t-elle PROTÉGÉE et/ou CLASSIFIÉE?

No / Non Yes / Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification" and indicate with attachments (e.g. SECRET with Attachments).

Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée « Classification de sécurité » au haut et au bas du formulaire et indiquez qu'il y a des pièces jointes (p. ex. SECRET avec des pièces jointes).