| | du Canada | | | | | | | Page 1 | _ | |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|--------------------|---------------------------|----------------|-----------------------|---|--|
| | | Protected when c | • | tion F | | | | | | |
| | Record Sus | - | | | | | | | | |
| | Please print clearly using | - | | | quest | 0115. | | | | |
| | ECTION A: PERSONAL INFORMATION - | | • | | <u> </u> | | | | | |
| • | What is your full legal name? (You must Last Name: | - | | | | | | | | |
| • | Have you ever used another name other than your legal name above? NO \square YES $\square \rightarrow$ If YES, write these other names below or your application will be returned to you. | | | | | | | | | |
| | Previous Last Name(s) Previous Given Na | | | | | | | | | |
| | | | | | | | | | | |
| • | What is your gender? MALE | LE 🗌 4. | What is you | r date of bir | th? [^] | Y Y | Y M | M D D | | |
| | Were you born in Canada? NO 🗌 YES | S \Box \rightarrow If NO, see | STEP 5 of the | e Record Sus | pensior | Applic | cation | Guide. | | |
| | | | | | | una ha r O | , | | | |
| | Do you have a Driver's Licence? NO | | - | | | | | | | |
| • | - | If YES, who is your | Provinc employer? | | | | | | | |
| • | Number: Are you employed? NO □ YES □ → | If YES, who is your | employer? | e: | | | | | | |
| E | Number: Are you employed? NO □ YES □ → Employer Name: | If YES, who is your SIDENCE INFORM | employer? | e: | | | | | | |
| | Number: Are you employed? NO □ YES □ → Employer Name: ECTION B: CORRESPONDENCE AND RE What is your Mailing Address? | If YES, who is your SIDENCE INFORM | Provinc employer? IATION – Yo | e: | wer al | | | | | |
| E | Number: | If YES, who is your SIDENCE INFORM ent to your current a City/T | Provinc employer? IATION – Yo address) | e: u must ans | wer al | ques | | . | | |
| E | Number: | If YES, who is your SIDENCE INFORM ent to your current a City/T rench? English | Province employer? IATION – Yo address) | e: | wer all | ques | tions | Country | | |
| E | Number: | If YES, who is your SIDENCE INFORM ent to your current a City/T rench? English | Province employer? IATION – Yo address) | e: u must ans Province ht address. P | wer all Posta | ques | tions | Country | | |
| | Number: | If YES, who is your SIDENCE INFORM ent to your current a City/T rench? English | Province employer? IATION – Yo address) | e: | Posta | ques I Code | tions not b | Country De accepte | M | |
| | Number: | If YES, who is your SIDENCE INFORM ent to your current a City/T rench? English | Province employer? IATION – Yo address) | e: u must ans Province ht address. P | Posta | ques I Code es will | tions not b | Country De accepte | M | |
| | Number: | If YES, who is your SIDENCE INFORM ent to your current a City/T rench? English | Province employer? IATION – Yo address) | e: u must ans Province ht address. P | Posta | ques I Code es will | tions not b | Country De accepte | M | |
| - - - - - - - - - - - - - - - - - - - | Number: | If YES, who is your SIDENCE INFORM ent to your current a City/T rench? English | Province employer? IATION – Yo address) | e: u must ans Province ht address. P | Posta | ques I Code es will | tions not b | Country De accepte | М | |

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Protected when completed

Record Suspension Application Form

Please print clearly using blue or 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: Date of birth: | | | | | | | | | | | |
| 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 <u>telephone, provide a mailing address</u> : | | | | | | | | | | | |
| 12. (| 12. Can we contact someone else about your application? | | | | | | | | | | |
| | NO \square YES $\square \rightarrow$ If YES give us their name and telephone number: | | | | | | | | | | |
| ١ | Name: Telephone Number: | | | | | | | | | | |
| | - | n a member of the Cana — | adian Forces? | | | | | | | | |
| [| | YES - Former | | , | Step 3 of the Rec Application Guide | | | | | | |
| | | ☐ YES – Current | ont Posonya Mamba | fill in the in | formation below. | | | | | | |
| Ν | Military Service ID Number: | | | | | | | | | | |
| | Date of Enrolment: $\begin{bmatrix} Y & Y & Y & M & M & D \\ \hline & & & & & & & \\ \hline & & & & & & & & \\ \hline & & & &$ | | | | | | | | | | |
| | | | | | | | | | | | |
| ŀ | Provide the complete mailing address of your unit (your commanding officer may be contacted). | | | | | | | | | | |
| ī | Jnit 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? NO □ YES □ → If YES provide details below: | | | | | | | | | | | |
| Γ | Offence | Arresting Police | Sentence | Date | Court (| Street/City/Provin | ice) | | | | |
| | Offence | Arresting Police | Sentence | Date | Court (| Court (Street/City/Province) | | | | | |
| | Offence | Arresting Police | Sentence | Date | Court (| Court (Street/City/Province) | | | | | |
| APPLICANT AUTHORIZATION – You must answer all questions. | | | | | | | | | | | |
| 15. The information you provide in this application is collected under the authority of the <i>Criminal Records Act</i> 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 <i>Privacy Act</i> . Personal information collected through the processing 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 OR1. 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 <i>Criminal Code</i> , 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: <u>(Applicant's Signature)</u> | | | | | | | | | | | |
| | | | (Applicant's Signature) | | 00 | | | | | | |