CALGARY POLICE SERVICE

ISC: PROTECTED B
Updated: 2024/05/14
PD 1350

CLEAR FORM

ENHANCE SECURITY CLEARANCE DECLARATION

This document requests detailed information regarding you, your family and associates. This information is required to conduct a Calgary Police Service Enhanced Security Clearance, and is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy Act.

STATEMENT OF CONSENT:
I hereby consent that any and all information pertaining to a Criminal Record registered in my name with the *National Repository for Criminal Records* in Canada may be provided to authorized persons at the Calgary Police Service. I hereby consent to the Calgary Police Service performing a Vulnerable Sector (VS) search of my name in the National Repository for Criminal Records. I understand that a VS search is a search that will check for pardoned sex offences. I consent, if requested, to attend the Identification Section of the Calgary Police Service for fingerprint confirmation. I agree to absolutely release, discharge, and absolve the Calgary Police Service, The City of Calgary, and its employees from all claims, losses, or damages including indirect or consequential, occasioned by me during, or as a result of any investigation for a Criminal Record or otherwise in relation to this Enhanced Security Clearance.

Dated this _____ day of _____, 20 _____

_____ PRINTED NAME OF APPLICANT

_____ APPLICANT SIGNATURE

_____ PRINTED NAME OF WITNESS
Witness must be 18 years or older.

_____ WITNESS SIGNATURE

Please type only. Ensure that all sections are completed. Additional sheets should follow suggested format.

Surname	First Name	
Middle Name	Other Names Used and Maiden Name/Nickname	Preferred First Name
Current Address	City	
Province/State	Country	Date of Birth (YYYY/MM/DD)
Place of Birth (Include City, Province/State and Country of Birth)	Gender ☐ Male ☐ Female	
Email Address	Provide a Colour Copy of <u>two</u> of the following documents: ☐ Driver's License ☐ Passport ☐ Citizenship	
Residence Phone	<u>OR</u> a Colour Copy of <u>one</u> of the above <u>and one</u> of following documents:	
Cell Phone	☐ Birth Certificate ☐ Social Insurance ☐ Health Care	

Marital Status

☐ Single ☐ Married ☐ Common-Law ☐ Domestic Partner ☐ Separated ☐ Divorced ☐ Widow/Widower

If you have checked Married, Common-Law or Domestic Partner, give full name and date of birth of that person in the next line

Surname	First Name	
Middle Name	Other Names Used and Maiden Name/Nickname	Date of Birth (YYYY/MM/DD)

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In chronological order, most recent first, indicate every place you have resided in the last 10 years. List all names, phone number, relationship and date of birth of all persons who shared the address with you. Use additional sheet if required. (Notice at the bottom of page).

Address		From (YYYY/MM/DD)	To (YYYY/MM/DD)
City	Province/State		Country
Name of person who shared address with you	Phone Number	Relationship	DOB (YYYY/MM/DD)
Name of person who shared address with you	Phone Number	Relationship	DOB (YYYY/MM/DD)
Name of person who shared address with you	Phone Number	Relationship	DOB (YYYY/MM/DD)

Address		From (YYYY/MM/DD)	To (YYYY/MM/DD)
City	Province/State		Country
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City	Province/State		Country
Name of person who shared address with you	Phone Number	Relationship	DOB (YYYY/MM/DD)
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Address		From (YYYY/MM/DD)	To (YYYY/MM/DD)
City	Province/State		Country
Name of person who shared address with you	Phone Number	Relationship	DOB (YYYY/MM/DD)
Name of person who shared address with you	Phone Number	Relationship	DOB (YYYY/MM/DD)
Name of person who shared address with you	Phone Number	Relationship	DOB (YYYY/MM/DD)

If you need to add more pages please check this box for additional pages. ☐

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IMMEDIATE RELATIVES

THE FOLLOWING INFORMATION MUST BE INCLUDED OR THE SECURITY CLEARANCE WILL NOT BE PROCESSED

Applicants must list all names, relationship, sex, date of birth, address and phone number of the **appllicant's immediate relatives AND of the immediate relatives of the current and/or former spouse, domestic partner, common-law, or significant other**. Attach additional sheet if require. Follow suggested format.

- Immediate relatives include parents, guardians, children, stepchildren, adopted children, brothers, sisters, step-brothers/sisters, adopted brothers/sisters, who are age 12 or over. This includes individuals who are alive or deceased.
- Immediate relatives DO NOT include your brother's or sister's: spouse, domestic partner, common-law, or significant other or children.

Surname	First Name	Middle Name	
Other Names Used and Maiden Name/Nickname	Common Name Used	Gender ☐ Male ☐ Female	
Date of Birth (YYYY/MM/DD)	Relationship	Phone Number	
Current Address	City	Province/State	Country

Surname	First Name	Middle Name	
Other Names Used and Maiden Name/Nickname	Common Name Used	Gender ☐ Male ☐ Female	
Date of Birth (YYYY/MM/DD)	Relationship	Phone Number	
Current Address	City	Province/State	Country

Surname	First Name	Middle Name	
Other Names Used and Maiden Name/Nickname	Common Name Used	Gender ☐ Male ☐ Female	
Date of Birth (YYYY/MM/DD)	Relationship	Phone Number	
Current Address	City	Province/State	Country

Surname	First Name	Middle Name	
Other Names Used and Maiden Name/Nickname	Common Name Used	Gender ☐ Male ☐ Female	
Date of Birth (YYYY/MM/DD)	Relationship	Phone Number	
Current Address	City	Province/State	Country

If you need to add more pages please check this box for additional pages. ☐

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01.	Are you currently, or have you been, investigated for an offence of any kind in **Canada** or **in any other country**?	☐ YES ☐ NO
02.	Have you ever been arrested for an offence of any kind in **Canada** or **in any other country**?	☐ YES ☐ NO
03.	Are you currently, or have you ever been, charged for an offence of any kind in **Canada** or **in any other country**?	☐ YES ☐ NO
04.	Have you ever been convicted of any criminal offence in **Canada** or **in any other country**?	☐ YES ☐ NO
05.	Have you ever been sentenced to Extra Judicial Sanctions/Alternative Measures for any kind of offence in **Canada** or **in any other country**?	☐ YES ☐ NO
06.	Have you ever been granted or denied a pardon or the equivalent of a pardon? **(Attach Pardon Documentation)**	☐ YES ☐ NO
07.	Have you ever been found guilty of any criminal offence in **Canada** or **in any other country** when you were **under the age of 18**?	☐ YES ☐ NO
08.	Are you associated with any companies or businesses?	☐ YES ☐ NO
09.	Are you a member of any clubs or organizations? Do you hold a position there?	☐ YES ☐ NO
10.	In the past ten years have you been involved in any legal suits?	☐ YES ☐ NO

If you have answered "YES" to any of the above questions, an additional sheet will be provided that MUST be completed with all details regarding each specific incident, including what occurred, when, where, and why. If pardoned, attach Pardon documentation.

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CALGARY POLICE SERVICE
AUTHORIZATION FOR RELEASE
OF INFORMATION

I,_____, the undersigned, hereby authorize any person, employer, or organization to provide any information, opinion, reports, records, documents or copies thereof in any form which may be requested in connection with my application for a Calgary Police Service Enhanced Security Clearance.

Personal information about me will be used to assess my qualifications and suitability in relation to my application for a Calgary Police Service Enhanced Security Clearance. I consent to the collection, use, disclosure, transmittal and examination of all information compiled by the Calgary Police Service.

Personal information about me that is obtained during the Calgary Police Service Enhanced Security Clearance process may be disclosed to any law enforcement agency for the purpose for which it was obtained or for any other reason.

I agree to waive any right of action against any person or organization providing information or opinions in compliance with this authorization.

I hereby acknowledge and declare that I fully understand the terms of this authorization for release of information.

Dated this _____ day of _____, 20 _____

_____ PRINTED NAME OF APPLICANT

_____ APPLICANT SIGNATURE

_____ PRINTED NAME OF WITNESS
Witness must be 18 years or older.

_____ WITNESS SIGNATURE