


16 Explain the purpose of your visit or stay in Canada

17 On a separate sheet of paper, provide reasons why you consider yourself to be rehabilitated and why you do not represent a risk to public safety. Indicate #17: Rehabilitation Factor on the sheet of paper.


18 Addresses since the age of 18. (Use a separate sheet if necessary)

 Forms will be returned if there is any period of time for which you have not shown an address. Do not use post office (P.O.) box addresses.

DATES				NUMBER AND STREET (Do not use P.O. boxes)	APT. No.	CITY OR TOWN	PROVINCE / STATE COUNTRY
FROM YEAR	MONTH	TO YEAR	MONTH				

19 Provide the details of your employment history since the age of 18. Start with the most recent information. Under "OCCUPATION", write your occupation or job title if you were working. If you were not working, provide information on what you were doing (for example: unemployed, studying, travelling, in detention, etc.).

Note: Please ensure that you do not leave any gaps in time.

 Failure to account for all time periods will result in a delay in the processing of your application.

DATES				NAME AND ADDRESS OF COMPANY (Write name in full, do not use abbreviations)	OCCUPATION
FROM YEAR	MONTH	TO YEAR	MONTH		

THE INFORMATION YOU PROVIDE IN THIS DOCUMENT IS COLLECTED UNDER THE AUTHORITY OF THE CANADA IMMIGRATION AND REFUGEE PROTECTION ACT AND IS STORED IN PERSONAL INFORMATION BANK NUMBER CIC PPU 042, 054 OR 300. THE INFORMATION IS PROTECTED UNDER THE PROVISIONS OF THE PRIVACY ACT AND IS ACCESSIBLE TO YOU UPON REQUEST.

20 I certify that the information provided by me is true and complete to the best of my knowledge.
I also certify that I am not currently charged with any criminal offence.

SIGNATURE OF APPLICANT ► DATE ►

YEAR MONTH DAY

SECTION C TO BE COMPLETED BY THE OFFICER.

1 Name of originating office	2 File no.	3 NHQ file no. (if known)								
4 Cost recovery code	Fee	GST								
	Receipt no.	5 FOSS / NCMS ID no.								
6 Equivalent offence(s) under Canadian law	7 Maximum penalty under Canadian law									
8 Inadmissibility provision(s)	<input type="checkbox"/> A36(1)a <input type="checkbox"/> A36(1)b <input type="checkbox"/> A36(1)c <input type="checkbox"/> A36(2)a <input type="checkbox"/> A36(2)b <input type="checkbox"/> A36(2)c									
9 Eligible to apply for rehabilitation?	▶ <input type="checkbox"/> Yes <input type="checkbox"/> No	10 Date when subject was / will be eligible								
<table style="width:100%; border: none;"> <tr> <td style="width:70%;"></td> <td style="width:10%; text-align: center;">YEAR</td> <td style="width:10%; text-align: center;">MONTH</td> <td style="width:10%; text-align: center;">DAY</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>				YEAR	MONTH	DAY				
	YEAR	MONTH	DAY							
11 If subject is not eligible, state reason(s)										
12 Officer's recommendation										
<input type="checkbox"/> I recommend approval of rehabilitation <input type="checkbox"/> I recommend an application for a Temporary Resident's Permit <input type="checkbox"/> I do not recommend approval of rehabilitation <input type="checkbox"/> I do not recommend an application for a Temporary Resident's Permit										
13 Reasons for recommendation										
14 Name of officer	15 Signature of officer	Date								
		<table style="width:100%; border: none;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: center;">YEAR</td> <td style="width:10%; text-align: center;">MONTH</td> <td style="width:10%; text-align: center;">DAY</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>		YEAR	MONTH	DAY				
	YEAR	MONTH	DAY							

Reviewing officer's recommendation ▶ 16 <input type="checkbox"/> I concur / approve	17 <input type="checkbox"/> I do not concur / approve	
18 Comments		
19 Name of reviewing officer	20 Signature of reviewing officer	Date YEAR MONTH DAY

21 List of documents or photocopies attached - check those attached <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License and USA Birth Certificate (USA-born citizens only) <input type="checkbox"/> Court judgement(s) <input type="checkbox"/> Text of non-Canadian statutes <input type="checkbox"/> Police certificate <input type="checkbox"/> Documentation re: sentence, parole, probation, fine or pardon <input type="checkbox"/> Documentation re: juvenile offender <input type="checkbox"/> Other documentation (specify)		
<p>I certify that a copy of these documents has been provided to the applicant and that the applicant has been given an opportunity to provide comments.</p>		
22 Name of officer	23 Signature of officer	Date YEAR MONTH DAY

SECTION D FOR OFFICE USE ONLY

Notification by (fax/e-mail) received that authority from the Minister for relief under A36(1)(b) or A36(1)(c) was: ▶	<input type="checkbox"/> Granted <input type="checkbox"/> Refused	Initials	Date YEAR MONTH DAY
Authority from the Minister's delegate for relief under A36(2)(b) or A36(2)(c) granted ▶	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date YEAR MONTH DAY
Name (please print)	Title		
SIGNATURE ▶	Date YEAR MONTH DAY		