



APPLICATION FOR CRIMINAL REHABILITATION

Language of correspondence
 English OR French

SECTION A TO BE COMPLETED BY APPLICANT

1 <input type="checkbox"/> APPLICATION FOR APPROVAL OF REHABILITATION	2 <input type="checkbox"/> FOR INFORMATION ONLY
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SECTION B TO BE COMPLETED BY APPLICANT

1 Family name	Given name(s) - Do not use initials				
2 Date of birth (YYYY-MM-DD)	3 Gender <input type="checkbox"/> F Female <input type="checkbox"/> M Male <input type="checkbox"/> X Another gender		4 Country or territory of birth	5 Citizenship	
6 Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated					
7 All other names that I use or have used (Include maiden name, previous married name(s), aliases and nicknames, legal change of name)					
1) Family name		Given name(s)		2) Family name	
8 My home address is		No. & street			
		Apt./Unit			
City/Town		Province / State / Country or territory			Postal / ZIP code
9 Mailing address All correspondence should be mailed to box 8 <input type="checkbox"/> or to:					
No. & street					
Apt./Unit					
City/Town		Province / State / Country or territory			Postal / ZIP code
10 Home telephone no.	11 Business telephone no.	12 Fax no.		13 Indicate most convenient time to reach you by telephone	
				Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
14 E-mail address (Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.)					


15 I may be inadmissible to Canada because of the following offence(s): (use a separate sheet if necessary, entitled #15: Offences / Convictions)				
OFFENCE(S)/CONVICTION	DATE(S) OF OFFENCE(S)/CONVICTION (YYYY-MM-DD)	PLACE OF OFFENCE(S)/CONVICTION	SENTENCE(S)	STATUTE NUMBER(S)

16 On a separate sheet of paper, explain in detail the events/circumstances leading to the offence(s)/conviction(s). Indicate #16: Events / Circumstances on the sheet of paper.


WARNING

DETAILS OF ALL OFFENCES AND CONVICTIONS MUST BE ACCURATELY RECORDED ON THIS DOCUMENT. PROVIDING FALSE OR MISLEADING INFORMATION WILL LIKELY RESULT IN A REFUSAL OF YOUR APPLICATION AND MAY PERMANENTLY BAR YOUR ADMISSION TO CANADA.

17	Explain the purpose of your visit or stay in Canada
18	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 #18: Rehabilitation Factor on the sheet of paper.
19	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 FROM (YYYY-MM)	DATES TO (YYYY-MM)	NUMBER AND STREET (Do not use P.O. boxes)	APT. NO.	CITY OR TOWN	PROVINCE / STATE COUNTRY

20	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, traveling, 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 FROM (YYYY-MM)	DATES TO (YYYY-MM)	NAME AND ADDRESS OF COMPANY (Write name in full, do not use abbreviations)	OCCUPATION

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.

21	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.
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> SIGNATURE OF APPLICANT Date (YYYY-MM-DD) </div>	

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		(YYYY-MM-DD)
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>								
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 (YYYY-MM-DD)	

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 (YYYY-MM-DD)

21	List of documents or photocopies attached - check those attached <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License and USA Birth of 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)
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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.		
22 Name of officer	23 Signature of officer	Date (YYYY-MM-DD)

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 (YYYY-MM-DD)
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 (YYYY-MM-DD)	

Name (please print)	Title
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_____ SIGNATURE	_____ Date (YYYY-MM-DD)
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Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the collection authority for Immigration and Refugee Protection Act (IRPA). The personal information provided will be used for the purpose of processing applications. The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, provincial/territorial governments, foreign governments for the purpose of validating identity, eligibility and admissibility.

Personal information may also be used for purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Failure to complete the form in full may result in a delay or the application not being processed. The Privacy Act gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the [Office of the Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 013; 042; 051; 054; 068.