

# Contractor Security Screening REQUEST and VERIFICATION Form

For NSB, ERD Use Onl	y
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CSRA #

NSB Contractor File No.

Date Received (yyyy/mm/dd)

	contractor or subco	ontractor worker r	•	O) for each contractor director, urity screening check.	
	• • • •		nen submitting	documentation for the CSO.	
Sections 6, 7 are co		-	-		
1. Individual Category (this s				heck 🔀 all that apply )	
Company Security Officer		Contractor Worker, S	Subcontractor o	r Subcontractor Worker	
Contractor Director or Office					
2. Applicant Information (th	is section to be comp	leted by the Compan	v Security Officer	·)	
Last Name			) (No Initials)	Date of Birth Gender   YYYY MM DD   Image: Second state Image: Second state   Image: Second state Image: Second state	
Address (Street No., Name, Unit, Suite,	Floor)			Holder of Prior Security Clearance?	
0% T (11 ) 1%				Yes No	
City/Town/Municipality	Provinc	ce	Postal Code	Name of Issuing Government	
Start and End Dates of Work Assignr	contractor Workers)	Clearance Certificate Number			
From (yyyy/mm/dd) To (yyyy/mm/dd)					
3. Applicant Verification of I	nformation (this se	ction to be complete	d by the Applicar	nt)	
Signature (by hand)				Date (yyyy/mm/dd) (by hand)	
4. Verification of Information	າ (this section to be c	ompleted by the Con	npany Security O	fficer or approved verifier)	
I confirm that the following secur	ity screening requirer	ments have been ve	rified for the abov	ve mentioned individual:	
Verification of personal informa					
Verification of employment, edu	-		•	•	
Name (please print)	Signature (by hand)		Date (yyyy/mm/dd) (by hand)		
5. Contractor Information (th	nis section to be comp	pleted by the Compar	ny Security Office	er)	
Legal Company Name of Contractor Organization		Corporation	Corporation Number Business Number		
Address (Street No., Name, Unit, Suite,	Floor)	Email Addr	ess		
City/Town/Municipality	Provinc	ce		Postal Code	
		<b>T</b> . (1			
Name of Company Security Officer	Positio	n litle		Telephone (incl. Area Code)	

## 6. Ministry/IO Program Area Information (this section to be completed by the Ministry/IO Program Area)

Type of Screening Requested		
Screening Clearance – General	Screening Clearance – Enhanced	Driver's Record
Name of Authorized Ministry/IO Program Area Official (Last Name, First Name)		Telephone (incl. Area Code)
Email Address		
Ministry/Agonov	Division	

Ministry/Agency		Division		
Branch	Section		Unit	
Address (Street No., Name, Unit, Suite, Floor)		City/Town/Municipality/Provinc	e	Postal Code

# 7. Verification of Information by the Ministry//IO Program Area (this section to be completed by the Ministry/IO Program Area)

I confirm that the following security screening requirements have **either** been completed for the CSO **or** have been submitted for the contractor director, officer, worker, subcontractor, or subcontractor worker by the CSO:

Verification of personal information including name, date of birth and address information (e.g. Driver's Licence)

Verification of employment, education, professional/trades accreditations or qualifications (reliability check) where required.

#### Attachments:

- Contractor Security Screening Consent form
- Contractor Declaration form (in envelope sealed by the applicant)
- Description of Contractor Work Assignment (including the work assignment start and end date)

Name of Ministry/IO Program Area Official (please print)	Signature of Ministry/IO Program Area Official (by hand)	Date (yyyy/mm/dd) (by hand)
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### **Notice of Collection**

Personal information provided in accordance with this form will be collected and used by the NSB, ERD for the purpose of conducting and assigning an Ontario Public Service contractor security screening clearance. The collection of personal information is authorized by the Contractor Security Screening Operating Policy, issued by the Management Board of Cabinet under section 3 of the *Management Board of Cabinet Act*, RSO 1990, Chapter M-1. Questions about the collection of personal information under this program may be directed to the Manager of Contractor Security Screening, Negotiations and Security Branch, Employee Relations Division, Ministry of Government Services 900 Bay Street, 2<sup>nd</sup> Floor Macdonald Block, M2-49, Toronto ON M7A 1Y4 or <u>AskNSB@ontario.ca</u> or 416 325-9400.