



APPLICATION FOR CANPASS REMOTE AREA BORDER CROSSING (RABC) PERMIT

Please print

Form with fields: Have you had a CANPASS - RABC permit in the last three years?, Last name, First name(s), Middle name(s), Maiden name (if applicable), Country of citizenship, Marital status, Sex, Date of birth, Place of birth, City, State/Province, Country, Mailing address, Street Address, Apt. No, City, State/Province, Postal/Zip Code, Home Phone, Business Phone.

Please note that false statements regarding the following questions may result in the refusal of the CANPASS - RABC permit and that the CAN \$30 processing fee will NOT be refunded.

Have you, or any of your dependents to be included on the CANPASS - RABC permit, ever been convicted of one of the following offences for which you/they have not been pardoned:

- A crime or offence in any country, including a misdemeanour?
A contravention of the Canada Customs Act?
A contravention of the Immigration and Refugee Protection Act?
Have you, or any of your dependents to be included on the CANPASS - RABC permit, ever committed a criminal offence?

What is the purpose of your trip? (for non-residents of Canada only)
Tourism Work Other
If you are coming to "work" or "other", please explain:

If the answer is "Yes" to any of the questions, please provide details (type of conviction, date of conviction):

Please list all dependents that may come to Canada in the next year.

I wish to have the following family members (spouse, children under the age of 18) included on my CANPASS - RABC permit (attach a separate sheet if necessary).

Table with columns: Last Name, First Name(s), Date of Birth (Year, Month, Day), Country of Citizenship, Relationship to applicant Circle. Rows for Spouse, Son, Daughter.

I certify that all information given on this application, and in support of this application, was provided voluntarily and is true and complete.

I understand that any information on this application (except for credit card information), any supporting documents, and any background information may be shared among CBSA authorities and among law enforcement and other government agencies in accordance with applicable laws.

Signature of Applicant or Parent/Legal Guardian if applicant is under 18 years of age

Date

Note: The information provided on this form will be stored in PIB#EIC/P-PU-115 and will be used to determine your eligibility to participate in this program. It is protected by the Privacy Act and you may request access to it any time.

FOR OFFICIAL USE ONLY

FOSS, ICES, CDN BACKGROUND CHECK, U.S. BACKGROUND CHECK. Includes fields for Initials and #.