

FPWS Client Information Form – Record Suspension

Complete the form electronically and save using your full name as the file name. Return this form to us via e-mail (forms@pardonsandwaivers.com) or print it out and send it via regular mail (address is at the bottom of the page).

| Personal Information | | | |
|---|----|-------------------|--------|
| Full Legal Name (First, Middle, Last) | | | Gender |
| | | | |
| Other Names Used (Include birth name, legal name change, married name or alias) | | | |
| 1) | 3) | | |
| 2) | 4) | | |
| Date of Birth (mm/dd/yy): | | Country of Birth: | |
| Signature (Initial if filled out electronically): | | Today's Date: | |
| <p><i>If you were NOT BORN IN CANADA you must provide us with copies of your official and valid immigration documentation (Eg: Canadian Citizenship Card; Permanent Residence Card; Record of Landing; or any other official immigration documents). By completing this form you agree to retain FPWS to act on your behalf and to prepare your record suspension application. You agree to the payment plan created for you (if any) and to the terms and conditions of FPWS. For full terms & conditions please refer to our website.</i></p> | | | |

| Address Information | | | |
|--|---------------------|---|-------------|
| Current Home Address (Do not use PO BOX) | | | |
| Street Address | City | Prov | Postal Code |
| | | | |
| When did you move to this address? (month/ year) | | | |
| Primary Phone # | Alternative Phone # | Can we communicate via text message? | |
| | | By checking "Yes" box you agree to receive recurring messages from Federal Pardon Waiver Services, Reply STOP to Opt out. Reply HELP for help. Message frequency varies. Message and data rates may apply. Carriers are not liable for delayed or undelivered messages. | |
| 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) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Mailing address (if different from home address listed above) | | | |
| Street Address | City | Prov | Postal Code |
| | | | |

Are you currently employed: Yes No

| | |
|---------------------------|----------------------|
| Present Employer (if yes) | Length of Employment |
| | years |

Do you have a valid driver's license: Yes No

| | |
|----------------------------------|-------------------|
| Driver's License Number (if yes) | Province of Issue |
| | |

List all previous addresses, in full, that you have resided at for the last 10 years (NO PO BOXES)

| Previous Residential Addresses (NO PO BOXES) | | | From: | | To: | |
|--|------|------|-------|------|-------|------|
| Street Name and Number | City | Prov | Month | Year | Month | Year |
| 1) | | | | | | |
| 2) | | | | | | |
| 3) | | | | | | |
| 4) | | | | | | |

Attach a separate sheet if necessary.

Please contact CRA or Ministry of Transportation if you don't have a record of ALL of your addresses

Military Service History

| | | | |
|--|--|---|---|
| Are you or have you ever been a member of the Canadian Forces? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, indicate your unit's level of service: | | <input type="checkbox"/> Regular Forces | <input type="checkbox"/> Reserve Forces |
| If yes, are you currently a member of the Canadian Forces? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, provide the complete mailing address of your unit | | | |
| Street Address | | City | Prov Postal Code |
| | | | |
| Military / Service ID Number (Your ID number may be your SIN #) | | Unit | |
| Years of Service – From: | | To: | |

**Criminal Conviction History – Please provide information about your convictions:
(Complete the following information to the best of your recollection, try to be as accurate as possible.)**

| |
|--|
| 1) The Court(s) in which you were convicted (Court house, City and Province) |
| |
| 2) The Police detachment(s) that arrested and charged you (Detachment name, City and Province) |
| |
| 3) The Charge or charges |
| |
| 4) For sexual related or common assault charges indicate your age and the age of the victim (at the time of the offence, indicate age for all victims if more than one) |
| |
| 5) The date(s) of sentence (approximate time if you don't recall exactly) |
| |
| 6) The actual sentence(s) you received |
| |