(3) Previous Canadian Passport

- In the last **FIVE (5)** years, has a Canadian passport, Certificate of Identity or Travel Document been issued to you?

[X] No [ ] Yes (specify)

Number	Date of issue Year	Month	Day	Place of issue

If yes, include it with your application.

- Would you like the passport to be returned to you? [ ] No [ ] Yes
- If the passport issued to you in the last **FIVE (5)** years has been lost, stolen, damaged, destroyed or is inaccessible, you must include with this application form a completed "Statutory Declaration" form PPTC 203, available from any Passport Canada service location in Canada, any Canadian government office in the USA or at www.passportcanada.gc.ca.

(4) Proof of Canadian Citizenship

A To be completed by **ALL applicants**. Did you acquire citizenship of another country before JANUARY 1, 1947?

[X] No [ ] Yes (specify) [ ] By birth [ ] By naturalization

Country	Effective date Year	Month	Day

B To be completed if you were **born in Canada**. Provide **ONE (1)** of the two documents listed below *(no copies)*:

	Registration number	Date of issue
[ ] Birth certificate in Canada *(see instruction No. 4)*		
[ ] Certificate of Canadian citizenship *(see instruction No. 4)*	Certificate number	Date of issue

C To be completed if you were **born outside of Canada**.

1) Provide **ONE (1)** of the four documents listed below *(no copies)*

[ ] Certificate of Canadian citizenship *(see instruction No. 4)*
[ ] Certificate of registration of birth abroad *(issued by the Registrar of Canadian Citizenship)*
[ ] Certificate of naturalization
[ ] Certificate of retention of Canadian citizenship *(issued before February 15, 1977)*

Certificate number	Date of issue

2) To be completed if you were **born outside of Canada between February 15, 1877 and April 16, 1881 inclusively** *(You do not need to complete this section if you are presenting a certificate of Canadian citizenship issued after January 1, 2007.)*

a) Are you a naturalized Canadian? *(i.e. Did you receive Canadian citizenship following immigration to Canada?)* [ ] Yes - Go to section (5) [ ] No - Continue to question b)

b) Was one of your parents born in Canada? [ ] Yes - Go to section (5) [ ] No - Continue to c)

c) Complete and submit form PPTC 001 "Proof of Canadian Citizenship – Additional Information" which you can obtain at www.passportcanada.gc.ca or at any Passport Canada service location, participating Canada Post office, participating Service Canada Centre in Canada or any Canadian government office in the USA.

(5) Documents to Support Identity

Provide the following information. Include signed copies *(both sides)* of original documents *(see instruction No. 5)*.

Type of document	Document number	Date of expiry *(if applicable)* Year	Month	Day	Name of bearer as it appears on the document
Type of document	Document number	Date of expiry *(if applicable)* Year	Month	Day	Name of bearer as it appears on the document

Declaration of Applicant

DECLARATION – I solemnly declare that the statements made in this application are true.

Signature of Applicant	Date Year	Month	Day	Signed at City, Province/Territory/State
	2011	3	1	[illegible], AZ

(6) Credit Card Information

COMPLETE ONLY if you are not appearing in person and you wish to pay by credit card.

[ ] [redacted] [ ] [redacted] [ ] [redacted]

Name appearing on card

Card number

Date of expiry Month Year

AUTHORIZATION – I authorize Passport Canada to charge C$ [ ] to my credit card.

Signature of cardholder

Date Year Month Day

FOR OFFICIAL USE ONLY

Authorization number

7 Additional Personal Information

A Addresses in the last **TWO (2)** years ☐ Same as current address.

Addresses in the last **TWO (2)** years if different from current address. *(If insufficient space, attach a separate sheet.)*

(Number, Street, Apartment, City, Province/Territory/State, Country)	From Year	Month	To Year	Month
1. 3250 W Lower Buckeye Rd, Phoenix, AZ, US	2010	01	2011	02
2. 1705 E. Hanna Rd, Eloy, AZ, US	From Year 2009	Month 04	To Year 2010	Month 01

B Occupation in the last **TWO (2)** years *(If insufficient space, attach a separate sheet. If you are, for example, a homemaker or are retired, indicate this in the "Employer/school or other" column.)*

In the last **TWO (2)** years, ☐ my employers were and/or ☐ I was attending educational institutions as follows:

Employer/school or other	Address	Daytime phone	Nature of employment/studies	Date (From)	Date (To)
NA					
NA					
NA					

C Mother's maiden name — *Provide your mother's surname (last name) at the time of her birth*: NA

8 References

Provide the following information with respect to **TWO (2)** persons who are neither your relatives nor your guarantor and who have known you for at least **TWO (2)** years. They may be contacted to confirm your identity.

1. Surname (last name)	Given name(s)		
NA	NA		
Relationship	**Address** *(Number, Street, Apartment, City, Province/Territory/State, Country)*		
NA	NA		
Daytime phone	**Evening phone**	**Cell. number or email address** *(optional)*	**Has known me for**
NA	NA	NA	NA *State number of years*
2. Surname (last name)	**Given name(s)**		
NA	NA		
Relationship	**Address** *(Number, Street, Apartment, City, Province/Territory/State, Country)*		
NA	NA		
Daytime phone	**Evening phone**	**Cell. number or email address** *(optional)*	**Has known me for**
NA	NA	NA	NA *State number of years*

9 Emergency Contact *(optional)*

We recommend that you provide the name of someone who would **not** normally travel with you. This information is helpful if you have an accident or become ill while travelling outside of Canada.

Surname (last name)	Given name(s)		
NA	NA		
Relationship to applicant	**Daytime phone**	**Evening phone**	**Cell. number**
NA	NA	NA	NA
Address NA			
Number *Street*	*Apartment* *City*	*Province/Territory/State*	*Postal/Zip code*

Declaration of Applicant

DECLARATION – I solemnly declare that the statements made in this application are true

Signature of applicant	Date	Signed at
	Year 2011 Month 3 Day 1	City Eloy, AZ Province/Territory/State

US DHS/ICE
1705 E Hanna Rd
Eloy, AZ 85131
taken C3-01-11
This is Exhibit A
to the Shah Decl.
of Ricky Ries

s.26

s.26

STATUTORY DECLARATION

Applicant's Personal Information

RIESS RICHARD
1973 11 24 Sudbury ONTARIO CANADA
1705 E HANNA Road Eloy, AZ 85131 2007 09 2011 08

X

DHS-ICE 1705 E HANNA Rd Eloy, AZ 85131 (520)464 3000 Deportation 7/2007 8/2011

References

Declaration of Applicant

Signature of Applicant

Declaration of Official

LEAL MICHAEL

X DEPORTATION OFFICER

1705 E. HANNA Road Eloy, AZ 85131

520 464 3116 520 464 3000 (520) 464-3156

15-8-2011 Eloy, AZ

ADULT GENERAL PASSPORT APPLICATION

for Canadians 16 years of age or over (in Canada or in the USA)

INFORMATION PROTECTED

WARNING to all applicants and guarantors – Any false or misleading statement on this form or relating to any document in support of this application, including concealment of any material fact, may lead to refusal or revocation of a passport and be grounds for criminal prosecution.
Failure to complete all the required sections of this form will result in your application being rejected.

1 Personal Information

Surname (last name): Riess

Given name(s) *(see instruction No. 1)*: Richard

Surname (last name) at birth *(see instruction No. 1)*: NA

Former surname (former last name) *(see instruction No. 1)*: NA

Date of travel: ☐ Month Day ☒ Unknown

If passport requested in spousal surname (last name), enter

Year of marriage

Surname (last name) of spouse *(see instruction No. 1)*

Date of birth: Year 1973 | Month 11 | Day 24

Place of birth: City ~~Ontario~~ SUDBURY | Country ~~USA~~ CAN | Prov./Ter./State *(if applicable)* ~~CA~~ ONT

Sex	Marital status	Eye colour	Hair colour	Height	Weight
☐ Female ☒ Male	Married	Brown	Brown	5' 5"	135 lbs

Address of permanent residence: Number 1705 | Street E. Hanna Rd | Apartment | P.O. Box | City Eloy | Prov./Ter./State AZ | Postal/Zip code 85131

Mailing address *(if different from above)*: Number | Street | Apartment | P.O. Box | City | Prov./Ter./State | Postal/Zip code

Daytime telephone number	Evening telephone number	Cell. number or email address *(optional)*
NA	NA	NA

DECLARATION – I solemnly declare that I am a Canadian citizen, that the photos enclosed are a true likeness of me and that all of the statements made in this application are true. I declare that I have read and understood the **WARNING to all applicants and guarantors** above.

Date: Year | Month | Day

Signed at: City | Province/Territory/State

2 Declaration of Guarantor *(to be completed by the guarantor only if the applicant has completed and signed this application form)*

Surname (last name) | Given name(s)

Date of birth: Year | Month | Day

Canadian passport number

Date of issue: Year | Month | Day

Date of expiry: Year | Month | Day

Surname (last name) in passport, if different

Daytime telephone number ( )

Evening telephone number ( )

Address of permanent residence: Number | Street | Apartment | City | Province/Territory/State | Postal/Zip code

DECLARATION – I solemnly declare that I have known the applicant identified above personally for at least **TWO (2)** years. I have certified on the back of **ONE (1)** photo that the image is a true likeness of the applicant. If applicable, I have signed a copy of each document to support the applicant's identity confirming that I have seen the original(s). I declare that I have read and understood the **WARNING to all applicants and guarantors** above.

I have known the applicant for: Number of years

Signature of guarantor

Date: Year | Month | Day

Signed at: City | Province/Territory/State

CANADA

PASSPORT
PASSEPORT

Type/Type
P

Issuing country/Pays émetteur
CAN

Passport No./N° de passeport
ET047342

Surname/Nom
RIESS

Given names/Prénoms
RICHARD

Nationality/Nationalité
CANADIAN/CANADIENNE

Date of Birth/Date de naissance
24 NOV /NOV 73

Sex/Sexe
M

Place of birth/Lieu de naissance
SUDBURY CAN

Date of issue/Date de délivrance
25 AUG /AOÛT 11

Issuing office/Bureau de délivrance
LOS ANGELES

Date of expiry/Date d'expiration
22 SEPT/SEPT 11

ADULT PASSPORT APPLICATION
for Canadians 16 years of age or over (in the USA)

INFORMATION PROTECTED

WARNING to all applicants and guarantors – Any false or misleading statement on this form or relating to any document in support of this application, including concealment of any material fact, may lead to refusal or revocation of a passport and be grounds for criminal prosecution.
Failure to complete all the required sections of this form will result in your application being rejected.
PRINT OR TYPE IN CAPITAL LETTERS using black or dark blue ink.

(1) Personal Information

Date of travel ☐ Month Day ☐ Unknown

Surname (last name): RIES

Given name(s) *(see instruction No. 1)*: RICHARD

Surname (last name) at birth *(see instruction No. 1)*:

Former surname (former last name) *(see instruction No. 1)*:

If passport requested in spousal surname (last name), enter Year of marriage:

Surname (last name) of spouse *(see instruction No. 1)*:

Date of birth (Year / Month / Day)	Place of birth (City)	Province/Territory/State *(if applicable)*	Country
1973 / 11 / 21	Sudbury per DEC	CAN ON	[redacted]

Sex	Marital status	Eye colour	Hair colour	Height	Weight
☐ Female ☒ Male	Married	Brn	Brn	5'5"	170

Address of permanent residence: 466 (Number) E. Lincoln St (Street) (Apartment) Carson (City) CA (Province/Territory/State) 90745 (Postal/Zip code)

Mailing address *(if different from above)*: (Number) (Street) (Apartment) (City) (State) (Zip code)

Daytime telephone number	Evening telephone number	Cell. number or email address *(optional)*
( )	( )	( )

DECLARATION – I solemnly declare that I am a [redacted] citizen, that the photos enclosed are a true likeness of me and that all of the statements made in this application are true. I declare that I have read and understood the **WARNING to all applicants and guarantors** above.

Date (Year / Month / Day): 2013 / 01 / 08 — Signed at: Santa Ana (City) CA (State)

[signature]

COMPLETE NEXT PAGE

(2) Declaration of Guarantor *(to be completed by the guarantor only if the applicant has completed and signed this application form)*

Surname (last name):

Given name(s):

Occupation *(see instruction No. 2)*:

Name of firm/organization:

Daytime telephone number	Evening telephone number	Cell. number *(optional)*
( )	( )	( )

Business address: (Number) (Street) (City) (State) (Zip code)

DECLARATION – I solemnly declare that I have known the applicant identified above personally for at least **TWO (2)** years. I have certified on the back of **ONE (1)** photo that the image is a true likeness of the applicant. If applicable, I have signed a copy of each document to support the applicant's identity confirming that I have seen the original(s). I declare that I have read and understood the **WARNING to all applicants and guarantors** above.

I have known the applicant for _____ Number of years

Signature of guarantor

Date (Year / Month / Day):

Signed at (City) (State)

Aussi disponible en français PPTC 140 (09-04) M02

Passport Canada Passeport Canada

Canada

P-2018-03465-000043

(3) Previous Canadian Passport

- Enclose any Canadian passport or travel document issued to you within the last FIVE (5) years.
- Would you like the passport to be returned to you? ☐ No ☐ Yes
- If the passport issued to you in the last FIVE (5) years has been lost, stolen, damaged, destroyed or is inaccessible, you must include with this application form a complete "Statutory Declaration" form PPTC 203, available from any Canadian government office in the USA or at www.passportcanada.gc.ca

(4) Proof of Canadian Citizenship

A To be completed by **ALL applicants**. Did you acquire citizenship of another country before JANUARY 1, 1947?

☒ No ☐ Yes (specify) ➡ ☐ By birth ☐ By naturalization ➡ Country | Effective date: Year | Month | Day

B To be completed if you were **born in Canada**. Provide **ONE (1)** of the two documents listed below *(no copies)*.

☒ Birth certificate in Canada *(see instruction No. 4)* ➡ Registration number: 1973-05-[illegible]484 | Date of issue: 2011-02-07

☐ Certificate of Canadian citizenship *(see instruction No. 4)* ➡ Certificate number | Date of issue: per DEC.

C To be completed if you were **born outside of Canada**.

1) Provide **ONE (1)** of the four documents listed below *(no copies)*:

☐ Certificate of Canadian citizenship *(see instruction no. 4)*
☐ Certificate of registration of birth abroad *(issued by the Registrar of Canadian Citizenship)*
☐ Certificate of naturalization
☐ Certificate of retention of Canadian citizenship *(issued before February 15, 1977)*

➡ Certificate number | Date of issue

2) To be completed if you were **born outside of Canada between February 15, 1977 and April 16, 1981 inclusively**. *(You do not need to complete this section if you are presenting a certificate of Canadian citizenship issued after January 1, 2007.)*

a) Are you a naturalized Canadian? (i.e. Did you receive Canadian citizenship following immigration to Canada?) ☐ Yes ➡ Go to section (5) ☐ No ➡ Continue to question b)

b) Was one of your parents born in Canada? ☐ Yes ➡ Go to section (5) ☐ No ➡ Continue to c)

c) Complete and submit form PPTC 001 "Proof of Canadian Citizenship - Additional Information" which you can obtain at www.passportcanada.gc.ca or at any Canadian government office in the USA.

COMPLETE NEXT PAGE

(5) Documents to Support Identity

Provide the following information. Include a good copies *(both sides) (see instruction No. 5)*.

Type of document	Document number	Date of expiry *(if applicable)* Year / Month / Day	Name of bearer as it appears on the document
SIN card	494 698 954		Ricky Steve Reese

Declaration of Applicant

DECLARATION I solemnly declare that the statements made in this application are true.

Signature of applicant	Date (Year / Month / Day)	Signed at
[signature]	2013 / 01 / 05	Santa Ana CA

(6) Credit Card Information

COMPLETE ONLY if you are paying by credit card (for applications sent to Canada only).

☐ VISA ☐ MasterCard ☐ AmEx

Name appearing on card

Card number | Date of expiry: Month | Year

AUTHORIZATION – I authorize Passport Canada to charge [ ] CS [ ] to my credit card. | Signature of cardholder | Date: Year | Month | Day

FOR OFFICIAL USE ONLY
Authorization number

PPTC 040 (09/2010) Page 2 of 2

(7) Additional Personal Information

A Addresses in the last **TWO (2)** years

☐ Same as current address.

Addresses in the last TWO (2) years if different from current address. (If insufficient space, attach a separate sheet.)

	Number, Street	Apartment	City	Province/Territory/State	Country	From Year	From Month	To Year	To Month
1.	406 E Wicklow St		Carson	CA	US	2011	05	2013	07
2.	1703 E Hermosa		Gilbert	AZ	US	2009	12	2011	05

B Occupation in the last **TWO (2)** years. (If insufficient space, attach a separate sheet. If you are, for example, a homemaker or an retired, indicate this in the "Employer's name or other" column.)

In the last **TWO (2)** years, ☒ my employers were and/or ☐ I was attending educational institutions as follows:

Employer's name or other	Address	Daytime phone	Nature of employment/studies	Date (From)	Date (To)
N/A					
N/A					
N/A					

C Mother's maiden name ➡ Provide your mother's surname (last name) at the time of her birth.

(8) References

Provide the following information with respect to **TWO (2)** persons who are neither your relatives nor your guarantor and who have known you for at least TWO (2) years. They may be contacted to confirm your identity.

1. Surname (last name) | Given name(s)

Relationship | Address (Number, Street, Apartment, City, Province/Territory/State, Country)

Daytime phone ( ) | Evening phone ( ) | Cell. number, or email address (optional) | Has known me for (State number of years)

2. Surname (last name) | Given name(s)

Relationship | Address (Number, Street, Apartment, City, Province/Territory/State, Country)

Daytime phone ( ) | Evening phone ( ) | Cell. number, or email address (optional) | Has known me for (State number of years)

ENSURE ALL ITEMS (1) PAGES ARE COMPLETED

(9) Emergency Contact (optional)

We recommend that you provide the name of someone who would not normally travel with you. This information is helpful if you have an accident or become ill while traveling outside of Canada.

Surname (last name) | Given name(s)

Relationship to applicant | Daytime phone ( ) | Evening phone ( ) | Cell. number

Address: (Number, Street, Apartment, City, Province/Territory/State, Postal/Zip code)

Declaration of Applicant

DECLARATION – I solemnly declare that the statements made in this application are true.

Signature of applicant | **Date** (Year, Month, Day) 2013 07 10 | **Signed at:** Surrey, BC (City, Province/Territory/State)

OH09-2013

DHS/ICE/ERD
34 Civic Center Plaza
Santa Ana CA 92701

STATUTORY DECLARATION
in Lieu of Guarantor

This form must be sworn or declared before, and signed by, a person authorized by law to administer an oath or solemn affirmation. If completed outside Canada, a qualified official includes a Canadian or British diplomatic or consular representative or a qualified local official.

Print in block letters using black or dark blue ink.

Applicant's Personal Information

Surname: RIESS
First Name: RICHARD
Date of Birth (Year / Month / Day): 1973 / 11 / 24
Place of Birth — City: [redacted] Province/State of Birth: [redacted] Country: USA
Current Address (Number, Street, Apartment, City, Province/Territory, Country) — From (Year / Month) — To (Year / Month)

Address in the last FIVE years (if different from current address)

		From (Year / Month)	To (Year / Month)
1. 406 E. Lincoln St. Casa Grande AZ USA		2011 / 09	2013 / 01
2. 1705 E. Hanna Rd. Eloy AZ USA		From (Year / Month)	To (Year / Month)

In the last FIVE years, [X] my employers were and/or [ ] I was attending educational institutions as follows:

Business/School	Address	Telephone No.	Nature of Employment/Studies	Dates From	Dates To
N/A					
N/A					
N/A					

References

I consent to the TWO following persons, who are not my relatives and have known me for at least TWO years, being contacted to confirm my identity.

1. Surname: First Name:
Relationship: Address (Number, Street, Apartment, City, Province/Territory, Country)
Home Telephone No.: ( ) Business Telephone No./Extention: ( ) Fax No. or E-Mail address (Optional): Has known me for (State number of years)

2. Surname: First Name:
Relationship: Address (Number, Street, Apartment, City, Province/Territory, Country)
Home Telephone No.: ( ) Business Telephone No./Extention: ( ) Fax No. or E-Mail address (Optional): Has known me for (State number of years)

Declaration of Applicant

1. I am unable to obtain any person within the groups listed in the application form to act as guarantor for the following reason: I do not know any Canadian citizens.
2. I have presented the following identification documents, which bear my signature, to the official below.

Type of document: Document Number: Type of document: Document Number:

3. The statements in my application for a Canadian passport, dated 2013 - 01 - 04 (Year / Month / Day), for [X] myself or [ ] my child, (Child's Name), are correct in all respects.

DECLARATION - I solemnly declare that the statements made in this declaration are true. The photos attached hereto, marked "Exhibit A", are true photos of myself or of my child.

Date (Year / Month / Day): 2013 / 01 / 04 Signed at (City, Province/Territory, Country): Santa Ana CA

Signature of Applicant

Declaration of Official

Surname: PADILLA First Name: GABRIEL

Occupation: [ ] Commissioner for Oaths [ ] Lawyer [ ] Notary Public

Address (Number, Street, Apartment): 34 Civic Center Plaza Room 3000 City: Santa Ana Province/Territory: CA Postal Code: 92701

Home Telephone Number: ( ) Business Telephone Number/Extension: (714) 834-4812 Fax Number or E-Mail Address (Optional): Gabriel.Padilla@ic.ddhs.gov

DECLARATION made before me: On (Day-Month-Year): 09-01-13 Signed at (City, Province/Territory): Santa Ana CA

The Official must also certify and sign one of the photos on the reverse side with the statement, "This is 'Exhibit A' to the Statutory Declaration of (Name) declared before me on (Date) at (Place)" (Signature of Official).

Passport Canada / Passeport Canada — An agency of Foreign Affairs Canada / Un organisme d'Affaires étrangères Canada

Canada

P-2018-03465-000051

15 FEB 2013 ▸ 15 FEB 2013 TRIP TO VANCOUVER BC, CANADA

PREPARED FOR
RIESS/RICHARD

FedTraveler.com

FedTraveler.com
Moving People Not Paper
877-325-5008
ITINERARYMOM1@FEDTRAVELERSUPPORT.COM

RESERVATION CODE MEAURZ
AIRLINE RESERVATION CODE M/PDCY (AC)
Travel Arranger Priority Comments
PLEASE REVIEW THIS ITINERARY FOR ACCURACY
REGARDING FLIGHTS/TIMES AND DATES
PLEASE FORWARD THIS INTERARY TO LAXDRO OWT.NET
IS ACCEPTED OR REJECTED THANK YOU-KAREN

DEPARTURE: FRIDAY 15 FEB Please verify flight times prior to departure

AIR CANADA
AC 0553

LAX
LOS ANGELES, CA ▸ YVR
VANCOUVER BC, CANADA

Aircraft:
EMBRAER EMB E90 JET

Duration
02hr(s) 50min(s)

Distance (in Miles): 1081

Stop(s): 0

Departing At
12:20pm

Terminal
TERMINAL 2

Arriving At
3:10pm

Terminal
MAIN TERMINAL

Notes:
SEAT IS AIRPORT CHECKIN ONLY

Passenger Name	Seats	Class	Status	Meals
• RIESS/RICHARD	Check-In Required	Economy	Confirmed	Food for Purchase

OTHER: TUESDAY 31 DEC

OTHER

LAX
LOS ANGELES, CA

Status:
Confirmed

Information:
HAVE A NICE TRIP, THANK YOU-KAREN EXT 211

OTHER: TUESDAY 31 DEC

OTHER

LAX
LOS ANGELES, CA

Status:
Confirmed

Information:
OMEGA LOS ANGELES 888-840-4443 M-F PT

D.O.

ICE

10400 Rancho Rd.

Adelanto, CA 92301

Taken Apr. 15, 2013

CANADA

EMERGENCY TRAVEL DOCUMENT
FOR A SINGLE JOURNEY ONLY

TITRE DE VOYAGE D'URGENCE
VALABLE POUR UN SEUL VOYAGE

No ET047538

ET047538

Family Name / Nom: RIESS

Given Name(s) / Prénom(s): RICHARD

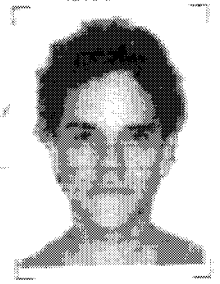
Citizenship Status or Service / Citoyenneté ou Service: CITIZEN

Date of Birth / Date de naissance: 24 NOV /NOV 73

Sex / Sexe: M

Place of Birth / Lieu de naissance: SUDBURY CAN

PHOTOGRAPH
PHOTOGRAPHIE



Signature of Holder / Signature du titulaire

Issued for a single journey to / Délivré pour un seul voyage à destination de: CANADA
Country / Pays

Mode of Transport / Moyen de transport: AIR

via / Country / Pays

Arrived at / Arrivée à: VANCOUVER Port of Entry / Point d'entrée on / le: 15 FEB /FÉV 13 Date

Purpose of trip / But du voyage: REMOVAL TO CANADA

THIS EMERGENCY TRAVEL DOCUMENT EXPIRES ON / CE TITRE DE VOYAGE D'URGENCE EXPIRE LE: 06 MAR /MARS 13

Date

Issued at / Délivré à: LOS ANGELES on / le: 07 FEB /FÉV 13

BRENT ROBSON, CONSUL
CONSULATE GENERAL OF CANADA
CONSULAT GENERAL DU CANADA
660 SOUTH HOPE STREET
LOS ANGELES, CA 90071-2627

Signature of Issuing Officer / Signature du fonctionnaire délivrant

Title / Titre

DEPARTMENT / MINISTÈRE

IMPORTANT - See overleaf / Voir au verso

Canada

CANADA

EMERGENCY TRAVEL DOCUMENT
FOR A SINGLE JOURNEY ONLY

TITRE DE VOYAGE D'URGENCE
VALABLE POUR UN SEUL VOYAGE

No: ETD47342

ETD 47342

Family Name / Nom: RIESS

Given Name(s) / Prénom(s): RICHARD

Citizenship / Nationalité: CITIZEN

Date of Birth / Date de naissance: 24 NOV /NOV 73

Sex / Sexe: M

Place of Birth / Lieu de naissance: SUDBURY CAN

PHOTOGRAPH
PHOTOGRAPHIE

Signature of Bearer / Signature du titulaire

Issued for a single journey to / Émis pour un seul voyage à destination de: CANADA

Country / Pays

Mode of Transport / Mode de transport: LAND

Country / Pays

Arriving at / Arrivée à: PEACE ARCH BORDER CROSSING on / le 31 AUG /AOÛT 11

Port of Entry / Point d'entrée — Date

Purpose of trip / But du voyage: DEPORTATION TO CANADA

Valid until / Valide jusqu'au: 22 SEPT/SEPT 11

Issued at / Émis à: LOS ANGELES on / le 25 AUG /AOÛT 11

Signature of Issuing Officer / Signature de l'agent émetteur — Date

OBSERVATIONS

Canada

STATUTORY DECLARATION
in Lieu of Guarantor

INFORMATION INSTRUCTED

This form must be sworn or declared before and signed by a person authorized by law to administer a oath or affirm affirmation. If completed outside Canada, a qualified official includes a Canadian citizen, a permanent resident, diplomat or consular representative or a qualified local official.

Print or type (Write in dark ink)

Applicant's Personal Information

Surname: KEEGAN
First Name: RICHARD
Date of Birth: 15 23 77 (Day Month Year)
Place of Birth: [illegible]
Sex: M
Current Address: 42690 E. Lincoln St, Canton, CA 95 (Street No. / Name, City, Province, Country, Postal Code)
Phone: 209 / 814 2031365
Address in the last FIVE years (where you have lived most recently)
1. 1765 E. Hawna Rd, Clay, AZ — From: 2007 09 To: 2011 09
2. (Street No. / Name, City, Province, Country, Postal Code) — From: (Year, Month) To: (Year, Month)
In the last FIVE years, I my employers were: [illegible] I was performing occupational duties as follows:

Business/School	Address	Telephone No.	Employment Status	Dates From	To

References

I consent to the TWO following persons who are not my relatives and have known me for at least TWO years being contacted to confirm my identity

Not known me by (Year, Month)			
2. Surname	First Name		
Relationship	Address (Street No. / Name, Apt. No., City, Province/State, Country, Postal Code)		
Home Telephone No. ( )	Business Telephone No./Extension ( )	Fax No. or E-Mail address (Optional)	How long have you known this person? (Year, Month)

Declaration of Applicant

1. I am unable to obtain any person with in the groups listed in the application form to act as guarantor for the following reason:
Citizen of Another Country Canada/Mexico
2. I have presented the following identification documents, and I saw my signature in the official action:
(Type of Document) (Document Number) (Expiry Date: Year, Month, Day)
3. The statements in my application for a Canadian passport dated 2013-03-25 (Year, Month, Day) for ☒ myself / ☐ my child, [illegible] are correct in all respects.
(Child's Name)

DECLARATION - I solemnly declare that I have read and understood the Declaration and that the statements contained therein are true. This Statutory Declaration is made under Section 41 of the Canadian Passport Order.

Date: 2013/03/25 (Year, Month, Day)
Signature: Affiant

Signature of Applicant

Declaration of Official

Surname: HENRY
First Name: ELLEN
Occupation: ☐ Commissioner for Oaths ☐ Lawyer ☒ DO ☐ Notary Public
Address: 10400 Rancho Rd, Adelanto, CA 92301 (Street No. / Name, City, Province, Country, Postal Code)
Home Telephone Number: ( )
Business Telephone Number/Extension: 760 561-6319
Fax Number or E-Mail Address (Optional): 760-561-6397

DECLARATION made before me: (Day Month Year) 4/12/13 Signature: Adelanto, CA

The Official must also witness the oath/affirmation of the Applicant. The Applicant must sign the statement, "This Statutory Declaration is made under oath (affirmation) declared before me at (City, Province, Country) (Signature of Official)"

Signature of Official

SSP 5160 (12-04)
Previous Editions Obsolete

Passport Canada / Passeport Canada

Canada

03 MAY 2013 ▸ 03 MAY 2013 TRIP TO VANCOUVER BC, CANADA

PREPARED FOR
RIESS/RICHARD STEVEN

FedTraveler.com
Moving People Not Paper
877-325-5008
ITINERARYMGMT@FEDTRAVELERSUPPORT.COM

RESERVATION CODE ECBPYI
AIRLINE RESERVATION CODE ILFP42 (UA)
Travel Arranger Priority Comments
PLEASE REVIEW THIS ITINERARY FOR ACCURACY
REGARDING FLIGHTS/TIMES AND DATES
PLEASE FORWARD THIS INTERARY TO LAXORO OWT NET
IS ACCEPTED OR REJECTED.THANK YOU-KAREN

DEPARTURE: FRIDAY 03 MAY Please verify flight times prior to departure

UNITED AIRLINES
UA 6483

Operated by:
/SKYWEST DBA UNITED EXPRESS

Duration:
02hr(s) 48min(s)

LAX
LOS ANGELES, CA

Departing At:
2:42pm

Terminal:
TERMINAL 6

▸ YVR
VANCOUVER BC, CANADA

Arriving At:
5:30pm

Terminal:
MAIN TERMINAL

Aircraft:
CRJ-700 CANADAIR REGIONAL JET

Distance (in Miles): 1081

Stop(s): 0

Passenger Name:	Seats:	Class:	Status:	eTicket Receipt(s):	Meals:
RIESS/RICHARD STEVEN	17D / Confirmed	United Economy	Confirmed	0167222640778	Food and Beverage for Purchase

cOTHER: THURSDAY 30 JAN

OTHER

Status:
Confirmed

LAX
LOS ANGELES, CA

Information:
HAVE A NICE TRIP THANK YOU-KAREN EXT 211

cOTHER: THURSDAY 30 JAN

OTHER

Status:
Confirmed

LAX
LOS ANGELES, CA

Information:
OMEGA LOS ANGELES---888-640-4443 M-F PT

Notes
****

SPECIAL NOTICEDUE TO RECENT CHANGES IN THE GSA FY13 CPP CONTRACT BE ADVISED THAT YOUR BOOKING IS SUBJECT TO CANCELLATION BY THE AIRLINE IF THIS RESERVATION IS NOT TICKETED AT LEAST 48 HOURS PRIOR TO SCHEDULED DEPARTURE. PLEASE ENSURE THAT YOUR TRAVEL AUTHORIZATION IS APPROVED AT LEAST 72 HOURS PRIOR TO DEPARTURE TO ENABLE TICKETING AND AVOID POSSIBLE CANCELLATION
NOTIFICATION 72 HOURS PRIOR TO DEPARTURE
ACTION REQUIRED WE HAVE NOT RECEIVED YOUR AUTHORIZATION TO TRAVEL FOR THE ABOVE REFERENCED TRIP. PLEASE MAKE SURE TO OBTAIN YOUR TRAVEL AUTHORIZATION TODAY TO ENABLE TICKETING AND AVOID POSSIBLE CANCELLATION. DUE TO RECENT CHANGES IN THE TERMS OF GSA CPP AIRLINE FARES BE ADVISED THAT YOUR BOOKING IS SUBJECT TO CANCELLATION BY THE AIRLINE IF THIS RESERVATION IS NOT TICKETED AT LEAST 48 HOURS PRIOR TO SCHEDULED DEPARTURE. FOR ALL FUTURE TRAVEL PLEASE ENSURE THAT YOUR

ADULT GENERAL PASSPORT APPLICATION

for Canadians 16 years of age or over (in Canada or in the USA)

INFORMATION PROTECTED

WARNING to all applicants and guarantors – Any false or misleading statement on this form or relating to any document in support of this application, including concealment of any material fact, may lead to refusal or revocation of a passport and be grounds for criminal prosecution.
Failure to complete all the required sections of this form will result in your application being rejected.

1 Personal Information

Surname (last name): Ross

Given name(s) *(see instruction No. 1)*: Richard STEVE

Surname (last name) at birth *(see instruction No. 1)*:

Former surname (former last name) *(see instruction No. 1)*:

Date of travel: Month / Day — ☐ Unknown

If passport requested in spousal surname (last name), enter:

Year of marriage:

Surname (last name) of spouse *(see instruction No. 1)*:

Date of birth (Year / Month / Day)	Place of birth (City)	Country	Prov./Ter./State *(if applicable)*
1973 / 11 / 24	SUDBURY	CAN CS	

Sex	Marital status	Eye colour	Hair colour	Height	Weight
☐ Female ☒ Male	Married	Br	Br	5'5"	179

Address of permanent residence

Number	Street	Apartment	P.O. Box	City	Prov./Ter./State	Postal/Zip code
406	E. Lincoln St			Carson	CA	90745

Mailing address *(if different from above)*

Number	Street	Apartment	P.O. Box	City	Prov./Ter./State	Postal/Zip code

Daytime telephone number	Evening telephone number	Cell. number or email address *(optional)*
310-365-5512		

DECLARATION – I solemnly declare that I am a [redacted] citizen, that the photos enclosed are a true likeness of me and that all of the statements made in this application are true. I declare that I have read and understood the **WARNING to all applicants and guarantors** above.

Date (Year / Month / Day): 2013 / 3 / 25

Signed at (City / Province/Territory/State): Aldergrove BC

▶ Keep if signature touches border

Signature *(See instruction No. 1)*

2 Declaration of Guarantor *(to be completed by the guarantor only if the applicant has completed and signed this application form)*

Surname (last name):

Given name(s):

Date of birth (Year / Month / Day)	Canadian passport number	Date of issue (Year / Month / Day)	Date of expiry (Year / Month / Day)

Surname (last name) in passport, if different:

Daytime telephone number ( )

Evening telephone number ( )

Address of permanent residence

Number / Street / Apartment / City / Province/Territory/State / Postal/Zip code

DECLARATION – I solemnly declare that I have known the applicant identified above personally for at least **TWO (2)** years. I have certified on the back of **ONE (1)** photo that the image is a true likeness of the applicant. If applicable, I have signed a copy of each document to support the applicant's identity confirming that I have seen the original(s). I declare that I have read and understood the **WARNING to all applicants and guarantors** above.

I have known the applicant for _____ Number of years

Signature of guarantor

Date (Year / Month / Day):

Signed at (City / Province/Territory/State):

3 Previous Canadian Passport

- In the last FIVE (5) years, has a Canadian passport, Certificate of Identity or Travel Document been issued to you?

☐ No ☒ Yes (specify)

Number	Date of issue (Year / Month / Day)	Place of issue
ET047138	2013 / 2 / 04	Los Angeles, CA
L331865	2003 / 12 / 18	Sudbury, Canada

If yes, include it with your application.

- Would you like the passport to be returned to you? ☒ No ☐ Yes
- If the passport issued to you in the last FIVE (5) years has been lost, stolen, damaged, destroyed or is inaccessible, you must include with this application form a completed "Statutory Declaration" form PPTC 203, available from any Passport Canada service location in Canada, any Canadian government office in the USA or at www.passportcanada.gc.ca.

4 Proof of Canadian Citizenship

A To be completed by ALL applicants. Did you acquire citizenship of another country before JANUARY 1, 1947?

☒ No ☐ Yes (specify) ☐ By birth ☐ By naturalization

Country	Effective date (Year / Month / Day)

B To be completed if you were born in Canada. Provide ONE (1) of the two documents listed below (no copies).

☐ Birth certificate in Canada (see instruction No. 4)

☒ Certificate of Canadian citizenship (see instruction No. 4)

Registration number	Date of issue
1973 - 05 - 111484	11/24/1973
111484	
Certificate number	**Date of issue**
D750412	05/14/2003

07/12/24 Par DC

C To be completed if you were born outside of Canada.

1) Provide ONE (1) of the four documents listed below (no copies):

☐ Certificate of Canadian citizenship (see instruction No. 4)
☐ Certificate of registration of birth abroad (issued by the Registrar of Canadian Citizenship)
☐ Certificate of naturalization
☐ Certificate of retention of Canadian citizenship (issued before February 15, 1977)

Certificate number	Date of issue

2) To be completed if you were born outside of Canada between February 15, 1977 and April 16, 1981 inclusively. (You do not need to complete this section if you are presenting a certificate of Canadian citizenship issued after January 1, 2007.)

a) Are you a naturalized Canadian? (i.e. Did you receive Canadian citizenship following immigration to Canada?) ☐ Yes - Go to section 5 ☐ No - Continue to question b)

b) Was one of your parents born in Canada? ☐ Yes - Go to section 5 ☐ No - Continue to c)

c) Complete and submit form PPTC 001 "Proof of Canadian Citizenship – Additional Information" which you can obtain at www.passportcanada.gc.ca or at any Passport Canada service location, participating Canada Post office, participating Service Canada Centre in Canada or any Canadian government office in the USA.

5 Documents to Support Identity

Provide the following information. Include signed copies (both sides) or original documents (see instruction No. 5).

Type of document	Document number	Date of expiry (if applicable) (Year / Month / Day)	Name of bearer as it appears on the document
SIN	494 898 954		RICKY STEVE RIES
Type of document	Document number	Date of expiry (if applicable) (Year / Month / Day)	Name of bearer as it appears on the document

Declaration of Applicant

DECLARATION – I solemnly declare that the statements made in this application are true

Signature of applicant	Date (Year / Month / Day)	Signed at (City / Province/Territory/State)
	2013 / 3 / 27	Kelowna BC

6 Credit Card Information

COMPLETE ONLY if you are not appearing in person and you wish to pay by credit card.

☐ ☐ ☐

Name appearing on card

Card number

Date of expiry (Month / Year)

FOR OFFICIAL USE ONLY

Authorization number

AUTHORIZATION – I authorize Passport Canada to charge C$ to my credit card.

Signature of cardholder

Date (Year / Month / Day)

(7) Additional Personal Information

A Addresses in the last TWO (2) years ☐ Same as current address.

Addresses in the last TWO (2) years if different from current address. *(If insufficient space, attach a separate sheet.)*

	(Number, Street, Apartment, City, Province/Territory/State, Country)	From Year	From Month	To Year	To Month
1	406 1/2 E Lincoln St, Chasson, CA	2011	09	2013	03
2	1705 E. Azuma Rd, Eloy, AZ	2007	09	2011	09

B Occupation in the last TWO (2) years *(If insufficient space, attach a separate sheet. If you are, for example, a homemaker or are retired, indicate this in the "Employer/school or other" column.)*

In the last TWO (2) years, ☐ my employers were and/or ☐ I was attending educational institutions as follows:

Employer/school or other	Address	Daytime phone	Nature of employment/studies	Date (From)	Date (To)
N/A					
N/A					

C Mother's maiden name — *Provide your mother's surname (last name) at the time of her birth.*

Fat Kray App

(8) References

Provide the following information with respect to TWO (2) persons who are neither your relatives nor your guarantor and who have known you for at least TWO (2) years. They may be contacted to confirm your identity.

Daytime phone	Evening phone	Cell. number or email address *(optional)*	Has known me for
520-701-1814			10 *State number of years.*

2. Surname (last name)

Given name(s)

Relationship

Address *(Number, Street, Apartment, City, Province/Territory/State, Country)*

Daytime phone	Evening phone	Cell. number or email address *(optional)*	Has known me for
			State number of years.

(9) Emergency Contact (optional)

We recommend that you provide the name of someone who would not normally travel with you. This information is helpful if you have an accident or become ill while travelling outside of Canada.

Declaration of Applicant

DECLARATION – I solemnly declare that the statements made in this application are true

Signature of applicant	Date Year	Month	Day	Signed at
[signature]	2013	3	25	City Adelanto, CA Province/Territory/State

PPTC 153 (10 04) 5002

P-2018-03465-000075