

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 SUBBURY City: Ontario			Country CAN USA		Prov./Ter./State (if applicable) CA ONT	
Sex ☐ Female ☒ Male		Marital status Married		Eye colour Brown		Hair colour Brown		Height 5' 5"	
Weight 135 lbs									
Address of permanent residence 1705 E. Hanna Rd Number: 1705, Street: E. Hanna Rd, Apartment: , P.O. Box: , City: Eloy, AZ 85131 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 NA			Evening telephone number NA			Cell. number or email address (optional) 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:				

Aussi disponible en français

PPTC 153 (10-04) M02

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Canada

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) _____

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, 1977**?

☒ No ☐ Yes (specify) _____

☐ By birth ☐ By naturalization

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)

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)

2 To be completed if you were **born outside of Canada between February 15, 1977 and April 15, 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

Declaration of Applicant

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

Signature of Applicant _____ Date Year Month Day 2011 3 1 Signed at City: E. Long, AZ Province/Territory/State: _____

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 _____

AUTHORIZATION - I authorize Passport Canada to charge C\$ _____ to my credit card.

Signature of cardholder _____ Date Year Month Day _____

FOR OFFICIAL USE ONLY

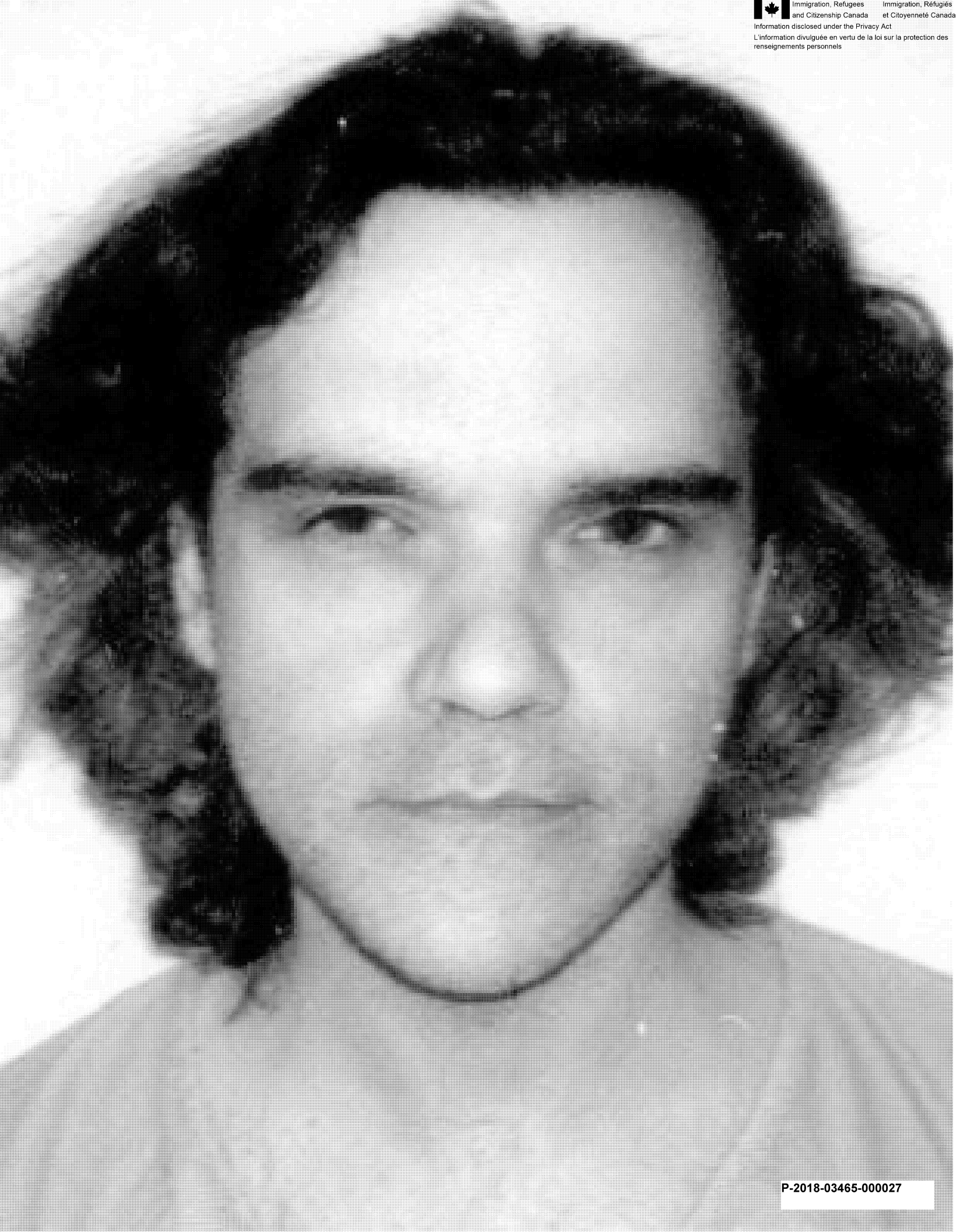
Authorization number _____

7 Additional Personal Information					
☒ 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)					
1. 3250 W Lower Buckeye Rd, Phoenix, AZ, US	From	Year	Month	To	Year
		2010	01		2011
					02
2. 1705 E. Hanna Rd, Eloy, AZ, US	From	Year	Month	To	Year
		2009	04		2010
					01
☒ 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 "Employment" 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
NA					
NA					
NA					
☒ 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
			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 2011 3 1 Signed at City Eloy, AZ Province/Territory/State



US DHS/ICE
1705 E Hanne Rd
Eloy, AZ 85131
taken 03-01-11
This is Exhibit A
to the Stat Decl.
of Ricky Riess

s.26

s.26

...the ...

Declaration of Officer Type of Case: <u>LEAD</u>		Last Name: <u>MICHAEL</u>	
Category: <u>1 (Drug Trafficking Case)</u>	Date: <u>15-9-2011</u>	X <u>DEPORTATION</u> <u>OFFICER</u>	29131
Address: <u>1705 E. HANNA Road Bldg, A2</u>		City: <u>Phoenix</u>	
Home Phone: <u>(520) 464-3116</u>	Business Phone: <u>(520) 464-3000</u>	Cell Phone: <u>(520) 464-3152</u>	E-mail: <u>mmichael@phoenix.gov</u>
Declaration: <u>15-9-2011</u>			

[illegible]