

TEMPORARY EXEMPTION REQUEST FORM FOR PASSENGERS DUE TO RELIGIOUS BELIEF

A. Instructions for Passengers

The person requesting a temporary exemption must submit a completed copy of this form in its entirety to the carrier/operator. All pages must be reviewed and completed by the person to be exempted and/or requester, as well as by the required Commissioner of Oaths.

This exemption form must be completed in full submitted to the carrier/operator for approval prior to departure in accordance with the operator's requirements (no less than 3 weeks in advance). Passengers may also be asked to provide the completed exemption form any time Proof of Vaccination is required (e.g. at time of booking, at check-in, before boarding, etc.). Please consult specific carrier/operator instructions when booking your travel. Carriers/Operators will approve exemptions at their sole discretion.

In addition to any other accommodation measures that could be required by the carrier/operator, passengers with an approved temporary exemption will also need to present to the carrier/operator results of COVID-19 molecular test taken:

- Within 72 hours of the passenger's scheduled departure time, where the result is negative, or
- At least 10 days before but not more than 180 days prior to the traveler's scheduled departure time (traveler eligible to travel on day 11), where the result is positive.

B. Person To Be Exempted

| | Please provide the following concerning the person for which a temporary exemption is requested: | | | |
|----------------------------|--------------------------------------------------------------------------------------------------|--|--|--|
| | First Name: Last Name: | | | |
| | Civic Address: | | | |
| | Has a previous temporary exemption request been made for this person? (yes/no) | | | |
| | If yes, please provide details (date; name of carrier/operator) | | | |
| | | | | |
| | Was the temporary exemption approved? (yes/no) | | | |
| | | | | |
| C. Requester's Information | | | | |
| | If the requester is different than the person to be exempted, please complete the following: | | | |
| | First Name: Last Name: | | | |
| | Civic Address: | | | |

| D. ' | Travel Information | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | ils for the person for which a temporary exemption is requested: Departure City/Airport |
| | Travel code (flight/train number, vessel r | |
| E. 1 | Religious Belief(s) | |
| | Roman Catholicism, Judaism, Greek Science) have released public statem specifically in the interest of public he Name of Religion/Religious denomination | ber of religions and religious denominations (e.g., Islam, Orthodox, Mennonites, Jehovah's Witnesses, Christian tents indicating their support for the COVID-19 vaccine ealth. on (if applicable): of how your sincere religious belief precludes an ability to be |
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| | | |

F. Requester's Oath Or Solemn Affirmation

| | I hereby make oath or solemnly affirm and say that I am/or the person for which the exemption is requested is unable to be vaccinated because of a sincere religious belief(s). | | | |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|--|
| | I hereby make oath or solemnly affirm that all information included in this form is true and accurate. | | | |
| | Signature: | Full Name: | | |
| | Date: | Location: | | |
| | | | | |
| G. Signature of Commissioner Of Oaths | | | | |
| | The following is to be completed by a Co | ommissioner of Oaths: | | |
| | SWORN OR SOLEMNLY AFFIRMED before me at: (Municipalit | | | |
| | in | (Province, State, or Country) on (Date) | | |
| | Ciamatura | Full Marea | | |
| | olgnature: | Full Name: | | |
| | Note: this form is valid for the return trip | only. | | |

H. Acknowledgement - False Or Misleading Information

I acknowledge that it is an offence under section 131 of the <u>Criminal Code</u> to make a false statement under oath or solemn affirmation, by affidavit, solemn declaration or deposition or orally, knowing that the statement is false. It is further an offence under section 366 of the *Criminal Code* to make a false document, knowing it to be false.

As per the applicable Transport Canada Order, a person who provides information to a carrier/operator that is known to be false or misleading may also be subject to an administrative monetary penalty or other enforcement action, including prosecution.

I. Personal Information

Your privacy is important. Personal information you provide in this form will be used for the purposes of determining the qualification of the person identified on this form for temporary exemption from the requirements of the applicable Transport Canada Order. Please note that the Carrier/Operator is subject to applicable privacy legislation with respect to the handling of your personal information. The personal information in this form may be provided to and used by Transport Canada for the purpose of audit and enforcement. The Minister of Transport may collect this personal information pursuant to the applicable legislation, under the *Aeronautics Act, Railway Safety Act or Canada Shipping Act, 2001*.

In the event that any personal information is provided to Transport Canada, it will only be used and disclosed by Transport Canada in accordance with the Privacy Act and its regulations. The personal information collected, as well as its use, disclosure and retention is described in the personal information bank numbered TC PPU 015, for civil aviation, and other applicable personal information banks ("PIB") for other modes of transportation, which are currently being developed and/or modified, and will be published on Transport Canada's Info Source page (https://tc.canada.ca/en/info-source). In the interim, please visit the following website for more information: COVID-19 information for travellers within Canada. Under the provisions of the Privacy Act, individuals have the right of access to, correction of and protection of their personal information. Instructions for obtaining personal information are provided in Info Source, a copy of which is available in major public and academic libraries or online at http://www.infosource.gc.ca. Individuals who wish to exercise their right to complaint under the Privacy Act about the handling of their personal information may do so by filing a complaint with the Office of the Privacy Commissioner. For information on how the Carrier/Operator processes your personal information, please visit their applicable privacy policy or contact them directly.

J. Exemption Authority Statement

Please note that any exemption granted in accordance with the applicable Transport Canada Order is only for the purposes of travel within or out of Canada. Any traveller entering Canada by any mode is still subject to all border entry requirements including quarantine requirements imposed under the *Quarantine Act*