



RELIGIOUS EXEMPTION REQUEST FORM

The person requesting a religious exemption must submit a completed copy of this form in its entirety. All pages must be reviewed and completed by the person to be exempted and/or requester, as well as by the required commissioner for taking oaths. The employer evaluating this request must do so in accordance with its legal duty to accommodate under the applicable legislation.

PART I OF RELIGIOUS EXEMPTION

Person To Be Exempted

Please provide the following concerning the person for which a religious exemption is requested:

First Name: _____ Last Name: _____

Home Address: _____

Requester's Information

If the requester is different than the person to be exempted, please complete the following:

First Name: _____ Last Name: _____

Mailing Address: _____

Religious Belief(s)

Please provide the requested information concerning your religious belief. Note, leaders and members of a number of religions (e.g., Islam, Roman Catholicism, Judaism, Greek Orthodox, Mennonites, Jehovah's Witnesses, Christian Science) have released public statements indicating their support for the COVID-19 vaccine specifically in the interest of public health.



Name of Religion (if applicable): _____

Detailed explanation within the text box of how your religious belief precludes an ability to be vaccinated:

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: _____

Signature of Commissioner Of Oaths

The following is to be completed by a commissioner of oaths:

SWORN OR SOLEMNLY AFFIRMED before me at: _____ (Municipality)

in _____ (Province, State, or Country) on _____ (Date)

Signature: _____ Full Name: _____

False Or Misleading Information

It is an offence under section 131 of the [Criminal Code](#) 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 Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19, a person who provides information to a carrier that is known to be false or misleading may also be subject to



an administrative monetary penalty or other enforcement action, including prosecution.

Personal Information

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 religious exemption from the requirements of the applicable Interim Order Respecting Certain Requirements for Civil Aviation Due to COVID-19. This information may also be shared with Transport Canada for the sole purpose of audit or enforcement.



PART 2 OF EXEMPTION

Important Notice: Only Part 2 of this exemption is to be provided by the employee, upon request, to the Airport Authority, the Canadian Air Transport Security Authority (CATSA) or Transport Canada. Should additional information be required by Transport Canada, a government official will contact the Employer directly.*

Confirmation of Exemption by Employer*

Employer* Record Number: _____

This is to confirm that _____ (full name of the exempted person),
RAIC/RAP/Temp pass #: _____, has an exemption from the mandatory
vaccination requirements under the Transport Canada Interim Order Respecting Certain Requirements for
Civil Aviation Due to COVID-19.

Signature: _____ Full Name: _____

Title: _____ Organisation: _____

Phone number (day): _____

Date: _____ Location: _____

* Part 2 is to be completed by the employer or an organisation responsible to validate the exemption request in accordance with the applicable airport-wide mandatory vaccination policy.