TORONTO

Special Priority Program (SPP)

General Information

The City of Toronto's Housing Secretariat division manages the Centralized Waiting List for subsidized housing. Special Priority Program (SPP) status is reserved for individuals eligible for Rent-Geared-to-Income (RGI) assistance who are victims of abuse or trafficking as defined below:

- **"Abuse"** means one or more incidents of: physical or sexual violence, controlling behaviour; OR intentional destruction of or intentional injury to property; OR words, actions or gestures that threaten a household member to fear for his or her safety; and that are done by specific individuals. OR trafficking of the member done by any individual.

- **"Trafficking"** means, with respect to a member of a household, one or more incidents of recruitment, transportation, transfer, harbouring or receipt of the member by improper means, including force, abduction, fraud, coercion, deception, and repeated provision of a controlled substance, for an illegal purpose, including sexual exploitation or forced labour.

The *Housing Services Act, 2011,* Ontario Regulation 367/11, Section 52 - 58 ("Special Priority Household Category"), gives priority ranking to social housing applicants and/or tenants whose personal safety, or whose family's safety is at risk because of abuse by an individual with whom they currently or recently lived with, or who is sponsoring the member as an immigrant. This Special Priority is to enable the household to separate permanently from the abuser. Social housing applicants are also eligible for Special Priority if a member of the household is being or has been trafficked.

If you are eligible for Special Priority status, you will be ahead of non-priority applicants on the Centralized Waiting List, but you will still be behind Special Priority applicants who applied before you. We cannot tell you how long it will take to get housing. The amount of time it takes to house a Special Priority applicant depends on where you hope to live and the type of unit you need.

Special Priority Program (SPP) Application

To qualify for Special Priority status, you must:

- Be eligible for Rent-Geared-to-Income assistance.
- Meet the criteria for either domestic violence, sponsorship abuse or human trafficking

Domestic Violence and Sponsorship Abuse Criteria

- You are living with someone who is abusing you or your children or you stopped living with them in the last three months. In limited circumstances, we may consider your application after three (3) months.
- You are a sponsored immigrant, and your sponsor is abusing you or your children.

Human Trafficking Criteria

- A member of the household is being or has been trafficked

Who Can Apply

- You are experiencing abuse or human trafficking
- You are an existing household member on the RGI Centralized Waiting List or a new applicant
- You are living in RGI housing experiencing "abuse" or "human trafficking"

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Special Priority Program (SPP)

How do I Apply for SPP Status?

If you are new to the RGI Centralized Waiting List, you must:

- Complete an RGI Application in MyAccesstoHousingTO
- Sign and date the electronic Consent and Declaration form
- Upload status and income related documents
- Go to the Special Priority section and select "Yes"
- Complete the Special Priority Application
- Print, sign, date and upload the SPP application form (and any supporting documents)

If you are already RGI eligible you can:

- Log into your MyAccesstoHousingTO account.
- Go to the Special Priority section and select "Yes"
- Complete the Special Priority Application
- Print, sign, date and upload the SPP application form (and any supporting documents)

If you are **currently an RGI tenant**, you must complete an online application in the MyAccesstoHousingTO system:

- Complete the SPP application and send it by mail to Access to Housing

Notice: If you have a safety concern about applying for SPP on your current RGI application (for example, the named abuser is a member of your current application) you can either:

- Create a new RGI application, using a new email address and password **OR**
- Mail the completed Special Priority Application and supporting documentation to: **Access to Housing, 176 Elm St, Toronto, ON M5T 3M4.**
- If you are creating a new application, include your other application code.

If you require additional information about the Special Priority Program, or application forms, visit our website www.toronto.ca/accesstohousing

You must have someone verify your claim of human trafficking or abuse. Normally, this person is a professional working with you because of the human trafficking or abuse.

The following is required to complete the Special Priority application:

- Part A: Applicant Consent and Declaration
- Part B: Declaration of Human Trafficking or Abuse
- Part C: Applicant Contact Information
- Part D: Proof of Joint Residency with the Abuser (not required for human trafficking)
- Part E: Verification Record completed by a qualified professional
- **Verification Record requirements**: A mandatory one-page Verification Letter is required for all Human Trafficking applications. Letters must be on **official letterhead, signed and dated.**
- If you are applying through the **Domestic Violence program,** MCCSS funded Violence Against Women Agencies in Toronto or City of Toronto Shelter Program, these agencies are not required to provide a Verification Letter when supporting an applicant applying for **Abuse.** If the applicant is unable to provide the required documentation to satisfy the eligibility requirements (cohabitation or is applying beyond the 3-month time frame) the referring agency must provide the Verification Letter.

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Special Priority Program (SPP)

- **If you are applying through the Human Trafficking program all agencies, are required to provide a mandatory one page Verification Letter.**

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Special Priority Program (SPP)

A. Applicant Consent and Declaration

Please complete this section if you are the applicant. If you, as the applicant, are unable to sign, the consent may be signed on your behalf by a person who is authorized.

I, SADYA SINTHI (First, Last Name - Print) hereby authorize and consent to the completion, submission and disclosure of information to the City of Toronto and have provided all of the required documents for the purposes of verifying eligibility under the Special Priority category.

- ✓ I confirm that I have obtained consent to disclosure by the abused or the trafficked member or a person authorized to consent on their behalf, if I, as the applicant, am neither of these individuals.
- ✓ I declare the information provided is correct, accurate and complete.
- ✓ I acknowledge that the information I have provided on this form will be used by the City of Toronto to determine my eligibility for Special Priority status. I consent to disclosure of my personal information by the City of Toronto to third parties for the purposes of determining my eligibility for Special Priority status.
- ✓ I understand that if any of the information I provide is determined to be inaccurate, the City of Toronto, or the housing provider may cancel my application.

Signature	Date (yyyy-mm-dd)
Sadya Hassain Sinthi	2024-10-31

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Part B: Declaration of Human Trafficking or Abuse

This Declaration is completed by the applicant for Special Priority status. If you are applying because of human trafficking, complete Section 1. If you are applying because you have been abused, complete Section 2.

First Name
Last Name
Application Code
Other Applicant Code

Section 1: Declaration of Human Trafficking

☐ I am being or have been trafficked by: (if available)

Name (First, Last)

☐ I am currently being trafficked

☐ I stopped being trafficked on (approximate date):

Date (yyyy-mm-dd)

Signature	Date (yyyy-mm-dd)

Section 2: Declaration of Abuse

I have been abused by:

Name (First, Last)
~~SADYA,SINTHI~~ MD IMADUR, RAHMAN

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What is the relationship with the abuser?

- [x] Intimate Partner/Spouse
- [ ] Child/Parent
- [ ] Other (please describe relationship):

- [x] I am currently living with this person
- [ ] I have not lived with this person since (date):

Date (yyyy-mm-dd)

- [ ] I have never lived with this person
- [ ] Canadian immigration sponsor (please attach copy of a letter from Immigration, Refugees and Citizenship Canada (IRCC) confirming breakdown in sponsorship).

Note: If you are a sponsored immigrant and you did not live with the abuser (your sponsor), you may be eligible for Special Priority status and **may not** be required to submit proof of living together. Please make sure that the **Verification Record details your living arrangements.**

Signature	Date (yyyy-mm-dd)
Sadya Hassain Sindhi	2024-11-18

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Part C: Applicant Contact Information

I. How would you like us to contact you? Choose one or more options to safely reach you.

☐ **Mail**

Street Number	Street Name	Suite/Unit Number

Postal Code	City/Town, Province

☐ **Telephone Number**

Telephone Number

☑ **Email**

Email

maxliz13@gmail.com

III. You have the option of providing a safe alternate contact in case we cannot reach you. We will only contact your alternate contact if we cannot reach you. When contacting this person, we will only ask that your contact tell you to contact Access to Housing. We will not disclose any information in your application to this person.

☑ By checking this box, I hereby certify that the individual who's information I am providing below has provided consent to have his/her personal information collected and stored by the City of Toronto and, the Notice of Collection statement placed on this form was presented to this individual.

Alternate Contact Name (First, Last)

Farida Yeasmin

Relationship to Applicant

Friend

Street Number	Street Name	Suite/Unit Number
7	Crescent Place	1709

Postal Code	City/Town, Province
M4C5L7	East York, Ontario

Telephone Number	Best time to call between 8:30 am to 4:30 pm (Monday to Friday)
~~6476562024~~ 6474018198	10 am to 2 pm

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Part D: Proof of Joint Residency with the Abuser (Not Required for Human Trafficking)

Special Priority status supports an individual, who **lives or lived** with an abuser and is experiencing or did experience domestic abuse and violence, to leave the abusive situation permanently.

To determine your eligibility, you must provide proof that you **live or lived** with the abuser in the **last three months.**

What is the address of the residence that you share/shared with the abuser?

Date moved-in together (yyyy-mm-dd)		
2024-09-01		
Street Number	Street Name	Suite/Unit Number
7	Crescent Place	1705
Postal Code	City/Town, Province	
M4C5L7	East York	

Are you currently living in a Rent-Geared-to-Income unit? Yes ☐ or No ☑?

If **yes**, please provide the following:

Street Number	Street Name	Suite/Unit Number
Postal Code	City/Town, Province	

☑ I have attached proof that I am/was living with the person who abused me.

☐ I have attached proof of sponsorship if applicable.

If you are receiving social assistance:

☐ I have attached **Proof of Joint Residency with the Abuser** from my Ontario Works (OW) or Ontario Disability Support Program (ODSP) caseworker.

If you are receiving a Rent-Geared-to-Income Housing Subsidy:

☐ I have attached **Proof of Joint Residency with the Abuser** from my social housing provider.

If you are NOT receiving social assistance or living in RGI:

☐ I have attached **Proof of Joint Residency with the Abuser** showing that the person who abused me and I lived together within the **last three months.**

If you are applying more than three months after separation:

☐ I have attached **Proof of Joint Residency with the Abuser** showing that the person who abused me and I lived together more than three months ago. You must also attach

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a one-page letter that identifies the reason why and application for Special Priority status within the three-month period.

☐ I unable to provide documents to prove joint residency. I have attached a one-page letter to support my application.

Accepted Documentation

Provide **Proof of Joint Residency with the Abuser** showing that you and the person who abused you lived together. Documents must be dated within the **last three months.**
You must provide at least:

- one up-to-date document with both of your names and joint address, or
- one document with your name and joint address, and one document with the abuser's name and joint address

Visit www.toronto.ca/accesstohousing for a full list of acceptable documents

Acceptable documents for proof of joint residency include:

- up-to-date lease, rental agreement, Notices, or mortgage documents
- mailed/online property tax or utility bills, or statement from a financial institution (must include all pages)
- most recent communication from the Canada Revenue Agency (CRA)
- benefits statement from Ontario Works (OW)/Ontario Disability Support Program (ODSP)
- educational institution registration record
- insurance policy
- police report if joint residency has been confirmed
- letter from Immigration, Refugees and Citizenship Canada (IRCC) confirming breakdown in sponsorship

Documents that do not prove joint residency include:

- documents/forms with self-declared unverified information (e.g., day care registration)
- health card or drug prescription receipts
- declaration from a friend or family member
- phone and internet bills

If both your name and your abuser's name do not appear on a document together, you may provide more than one document to show you were living at the same address at the same time.

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Part E. Verification Record

This Verification Record must be completed by someone who can confirm Part B: Declaration of Human Trafficking or Abuse.

Note to person completing Verification Record:
You are being asked to complete this **Verification Record** to confirm that the applicant has been a victim of 1) human trafficking; or 2) abuse by an intimate partner, immigration sponsor, relative or a person who is in an emotionally, physically, or financially dependent relationship with the applicant.

You are being asked only to verify the instances of abuse and are not making a recommendation for the applicant's housing placement.

A mandatory one-page Verification Letter is required to complete the application. The letter must be on an official letterhead, signed and dated. **The letter must include the names of the applicant, the abuser, and the shared address. The letter must describe the professional relationship of the referral source and the applicant. In addition, the letter must describe the most recent incident of abuse that has occurred in the last 3-months.**

The letter must be notarized if you do not work with the applicant in a professional role but have direct knowledge that the applicant has been subjected to human trafficking or abuse.

Verification Record requirements

Name (First, Last) of person verifying trafficking or abuse		
Dr. K.M. Anisur Rahman		
Position/Title		
MD, CCFP		
Agency/Organization		
Neighbour Care medical Clinic		
Street Number	Street Name	Suite/Unit Number
1357	Danforth Rd	5
Postal Code	City/Town, Province	
M1J1G7	Scarborough.	
Business Telephone Number		
647 352 2296		

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I declare that I have reviewed the information in Part B of this application, and (please check all that apply):

- [ ] My professional assessment is the applicant is a victim of human trafficking.
- [ ] My professional assessment is that the applicant has experienced one or more incidents of physical or sexual violence by the person named in Part B.
- [x] My professional assessment is that the applicant has experienced one or more incidents of abusive, controlling behavior by the person named in Part B.
- [ ] My professional assessment is that the person in Part B has intentionally destroyed or injured the applicant's property.
- [x] My professional assessment is that the words, actions, or gestures of the person in Part B have threatened the applicant or made them fear for their safety.
- [ ] My professional assessment is the applicant has experienced one or more incidents of financial abuse.

Relationship to Applicant in Part B:

I am working with the applicant around the issue of human trafficking or abuse in my professional capacity as a:

☐ Registered Social Worker	☐ Housing Provider
☐ Registered Social Service Worker	☐ Lawyer
☐ Police Officer	☑ Doctor
☐ Registered Mental Health Therapist or Psychotherapist	☐ Minister of Religion
☐ Registered Nurse or Registered Practical Nurse	☐ Teacher/Guidance Counsellor
☐ Registered Early Childhood Educator	☐ Midwife
☐ Indigenous Elder/Leader	☐ Indigenous Traditional Person
☐ Indigenous Knowledge Keeper	

License number/professional registration number (if applicable)
89188

- [ ] I am not a member of one of the above professions, but I am working with the applicant in my professional role around the issue of human trafficking or abuse. **I understand that I must have this Verification Record signed by a person who has the authority to bind my agency or organization** (e.g., executive director, program manager)

- [ ] I do not work with the applicant in a professional role, but I have direct knowledge that the applicant has been subjected to human trafficking or abuse. **I understand that I must have this Verification Record and my Letter of Support notarized as to the truth of the records by a commissioner for taking affidavits.**

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Special Priority Program (SPP)

Name (First, Last) of person completing Verification Record	
Dr. K.M. Anisur Rahman	
Signature	Date (yyyy-mm-dd)
	2024-11-02

Agency/Organization Binding Authorization

Name (First, Last) of person who can bind agency (this can be the same person completing the Verification Record as per the Agency's discretion)	
Position Title	
Signature	Date (yyyy-mm-dd)
Agency Name	
Street Number	Street Name
Suite/Unit Number	Postal Code
City/Town	Province
Business Telephone Number	

Housing Secretariat collects personal information on this form under the legal authority of the Housing Services Act, 2011, Ontario Regulation 367/11, sections 52 to 58.1, and Toronto City Council Item 2022.PH35.20, as confirmed by the City of Toronto By-law 792-2022. The information is used to assess and determine applicant eligibility for special priority on the Centralized Waiting List and for Rent Geared-To-Income assistance. Questions about this collection can be directed to the Manager, Housing Stability Services, Housing Secretariat, Metro Hall, 55 John Street, 6th Floor, Toronto, Ontario, M5V 3C6 or by telephone at 416-392-4126.

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Neighbour Care Medical Clinic
Dr. K M Anisur Rahman MBBS, CCFP
1357 Danforth Road, Scarborough ON M1J 1G7
Phone: 647-352-2295, 647-352-2296
Fax: 647-260-8039
CPSO: 89188 Billing No.: 026069

Nov 2, 2024

Dr. To whom it may concern

Dear Dr. To whom it may concern:

Re: Sadya Hossain Sinthi May 27, 1989 Age: 35 yr HN: 1020 520 522 JK
647-656-2024 (H)

This is to confirm that MS. Sinthi was assessed by me in my office today. She is suffering from significant anxiety and stress secondary to abuse from her husband, Mr. Imadur Rahman, for more then 3 months and the most recent incidence happened on Nov 01, 2024, at their shared address at:

1705, 7 Crescent Place
Toronto, ON
M4C 5L7

I'm the family physician for MS. Sinthi since 2022.

Thanks

Dr. K M Anisur Rahman

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Address proof with Abuser

Enrolment Services
P.O. Box 631, Station A
Toronto, ON M1K 5E9
centennialcollege.ca

October 18, 2024

Sadya Hossain Sinthi
1705-7 Crescent Pl
Toronto, ON
M4C 5L7
Canada

Program Duration: 6 semesters
Co-op Program: No
Student Classification: 2

To Whom It May Concern:

This letter is provided by Centennial College and serves as confirmation of enrolment for Sadya Hossain Sinthi as a full-time student at Centennial College for the Fall 2024 semester. Sadya Hossain is enrolled in the Software Engineering Technology (3469) program.

Classes for this semester commence on September 3, 2024 and conclude on December 13, 2024.

Sincerely,

Lisa White
Associate Vice-President, Enrolment Services and Registrar
Centennial College

This letter cannot be used as confirmation of enrolment for the Canada Student Loan Plan.

REG_CONF

Royal Bank of Canada
P.O. Box 4047 Terminal A
Toronto ON M5W 1L5

Your RBC personal savings account statement

From July 19, 2024 to August 20, 2024

RBPDA10020_7299601_024 E D 020 08382 00233
MD IMADUR RAHMAN
APT. 1705
7 CRESCENT PLACE
EAST YORK ON M4C 5L7

Your account number: 08382-5282066

How to reach us: 1-800 ROYAL® 1-1 (1-800-769-2511) www.rbcroyalbank.com/deposits

Summary of your account for this period

RBC High Interest eSavings™ 08382-5282066

Royal Bank of Canada
164 SANDALWOOD PARKWAY E, BRAMPTON, ON L6Z 3S4

Your opening balance on July 19, 2024	$9,705.72
Total deposits into your account	+ 13.08
Total withdrawals from your account	- 0.00
Your closing balance on August 20, 2024	**= $9,718.80**

Details of your account activity

Date	Description	Withdrawals ($)	Deposits ($)	Balance ($)
	Opening Balance			9,705.72
1 Aug	Deposit interest		12.96	
	Bonus deposit interest		0.07	9,718.75
14 Aug	Bonus deposit interest		0.05	9,718.80
	Closing Balance			**$9,718.80**

Important information about your account

The Grandparent Scam: What it is and how to protect yourself

The grandparent scam is a highly pervasive fraud tactic, and very successful since it preys on a senior's emotions and their desire to protect their loved ones. Grandparent scams, also known as emergency scams, involve a fraudster who poses as a loved one - typically a grandchild, as the name would suggest. Claiming to be hurt or in trouble, they say they need money immediately.

How the grandparent scam works:

A grandparent receives a phone call from a fraudster pretending to be their grandchild. The caller sounds very distressed and says they have

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Important information about your account - continued

been hurt in an accident, they're in jail or facing another crisis - and needs money to get out of it. The caller, who may use voice-altering software or speaks with such distress that their voice isn't recognizable, pleads with the grandparent not to tell anyone, especially their parents. The senior, concerned about their grandchild, sends money and because they have kept it all a secret, don't find out it's a scam until far too late. Often, there is an accomplice who poses as a police officer or lawyer, who provides instructions on how to transfer the money.

How to spot the grandparent scam and protect against it:

a) Hang up or disconnect a call that doesn't seem legitimate
b) If you think your family is in trouble, call them directly at a phone number that you have for them
c) Establish a secret word among family members - for instance, if a grandparent gets a suspicious call, they can ask the caller for the secret word. If the caller doesn't know it, the target will know it's a scam

Please check this Account Statement without delay and advise us of any error or omission within 45 days of the statement date.
If you opted to receive cheque images, only images of the front of your cheques have been sent to you with this Account Statement. An image included on this Account Statement does not indicate that a cheque has been successfully processed as of the statement date.
Please retain this statement for your records.
™ Trademarks of Royal Bank of Canada. RBC and Royal Bank are registered trademarks of Royal Bank of Canada.
® Registered trade-mark of Royal Bank of Canada. Royal Trust Corporation of Canada and The Royal Trust Company are licensees of the trade-mark.
Royal Bank of Canada GST Registration Number: R105248165
Royal Trust Corporation of Canada GST Registration Number: R104646666
The Royal Trust Company GST Registration Number: R105248264

RBPDA10020_7299601_024 - 0114727 546

Royal Bank of Canada
P.O. Box 4047 Terminal A
Toronto ON M5W 1L5

Your RBC personal savings account statement

From August 20, 2024 to September 20, 2024

RBPDA10020_7927168_114 E D 020 08382 02518
MD IMADUR RAHMAN
APT. 1705
7 CRESCENT PLACE
EAST YORK ON M4C 5L7

Your account number: 08382-5282066

How to reach us: 1-800 ROYAL® 1-1 (1-800-769-2511) www.rbcroyalbank.com/deposits

Summary of your account for this period

RBC High Interest eSavings™ 08382-5282066

Royal Bank of Canada
164 SANDALWOOD PARKWAY E, BRAMPTON, ON L6Z 3S4

Your opening balance on August 20, 2024	$9,718.80
Total deposits into your account	+ 12.35
Total withdrawals from your account	- 0.00
Your closing balance on September 20, 2024	**= $9,731.15**

Details of your account activity

Date	Description	Withdrawals ($)	Deposits ($)	Balance ($)
	Opening Balance			9,718.80
3 Sep	Deposit interest		12.35	9,731.15
	Closing Balance			**$9,731.15**

Please check this Account Statement without delay and advise us of any error or omission within 45 days of the statement date.
If you opted to receive cheque images, only images of the front of your cheques have been sent to you with this Account Statement. An image included on this Account Statement does not indicate that a cheque has been successfully processed as of the statement date.
Please retain this statement for your records.
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Royal Bank of Canada GST Registration Number: R105248165
Royal Trust Corporation of Canada GST Registration Number: R104646666
The Royal Trust Company GST Registration Number: R105248264

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Ontario
Driver's Licence
Permis de conduire
ON
CANADA
1,2 NAME/ NOM
SINTHI,
SADYA HOSSAIN
8 1705-7 CRESCENT PL
EAST YORK, ON, M4C 5L7
4d NUMBER/ NUMÉRO
S4526 - 68448 - 95527
4a ISS/ DÉL.
2023/07/04
4b EXP/ EXP.
2027/08/13
6 DD-REF
HT7640007
16 HGT/HAUT.
157 cm
15 SEX/ SEXE
F
9 CLASS/ CATÉG.
G1
12 REST/ COND.
3 DOB/DDN
1989/05/27

ServiceOntario.ca
HT7640007
9 CLASS/ CATÉGORIE
Automobile/combin. (max. 11,000 kg), towed vehicle (max. 4600 kg), with G1 restrictions - Automobiles/ensembles de véhicules (11000 kg max.), véhicule remorqué ne dépassant pas 4600 kg - restrictions du niveau G1
12 RESTRICTIONS/ CONDITIONS
0345577

Ontario

Driver's Licence
Permis de conduire

ON
CANADA

1,2 NAME/ NOM
RAHMAN,
MD IMADUR

8 1705-7 CRESCENT PL
EAST YORK, ON, M4C 5L7

4d NUMBER/ NUMÉRO R0168 - 53708 - 60101

4a ISS/ DÉL. 2022/01/28

4b EXP./ EXP. 2027/01/27

5 DD/ RÉF. HF8995421

16 HGT/ HAUT. 175 cm

15 SEX/ SEXE M

9 CLASS/ CATÉG. G1

R0168-53708-60101
1986/01/01

12 REST./ COND.

3 DOB/DDN 1986/01/01

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ServiceOntario.ca

9 CLASS/ CATÉGORIE

Automobile/combin. (max. 11,000 kg), towed vehicle (max. 4600 kg), with G1 restrictions - Automobiles/ensembles de véhicules (11000 kg max.), véhicule remorqué ne dépassant pas 4600 kg - restrictions du niveau G1

12 RESTRICTIONS/ CONDITIONS

HF8995421

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