

# Atlantic Immigration Program Use of a Representative Form Government of Newfoundland and Labrador



A representative is someone who has your permission to conduct business on your behalf with the Department of Immigration, Population Growth and Skills. You may have one representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

**I am:**

- Appointing a representative. Complete Section A, B and E. Your representative must complete Section C.
- Cancelling the appointment of a representative. Complete Section A, D and E.

## SECTION A - APPLICANT INFORMATION

Company/Business Name: \_\_\_\_\_

Employer Contact: \_\_\_\_\_

Employer Contact Alternate(s): \_\_\_\_\_

## SECTION B – APPOINTMENT OF A REPRESENTATIVE

- I authorize the following individual to serve as my representative and to conduct business relating to my Atlantic Immigration Program application on my behalf with the Department of Immigration, Population Growth and Skills.
- I authorize the Department of Immigration, Population Growth and Skills to release information from my case file to my representative. This authorization is in accordance with the *Newfoundland and Labrador Access to Information and Protection of Privacy Act, 2015*.

1. **Your representative's full name:** \_\_\_\_\_  
LAST NAME, FIRST NAME

2. **Your representative is a member in good standing of:**

- The College of Immigration and Citizenship Consultants (CICC)  
Membership ID #:.....
- A Canadian provincial or territorial law society  
Province or Territory..... Membership ID #: .....
- Chambre des notaires du Québec  
Membership ID #:.....
- Other:.....

**3. Your representative's contact information:**

Name of firm or organization (if applicable): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**SECTION C – REPRESENTATIVE DECLARATION AND ACCEPTANCE OF APPOINTMENT**

Your representative must review and sign the following:

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the employer to conduct business relating to their Atlantic Immigration Program application on their behalf with the Department of Immigration, Population Growth and Skills.

.....  
SIGNATURE OF REPRESENTATIVE

.....  
DATE (YEAR/MM/DD)

**SECTION D – CANCEL THE APPOINTMENT OF A REPRESENTATIVE**

I withdraw my authorization for this person to serve as my representative, to receive information on my case file, and to conduct business relating to my Atlantic Immigration Program application on my behalf with the Department of Immigration, Population Growth and Skills.

Name of representative: \_\_\_\_\_  
LAST NAME, FIRST NAME

Name of employer for organization: \_\_\_\_\_  
LAST NAME, FIRST NAME

**SECTION E – YOUR DECLARATION**

- I declare that the information I have given is truthful, complete and correct.
- I understand all the previous statements, having asked for and obtained an explanation for every point that was not clear to me.

.....  
SIGNATURE OF EMPLOYER

.....  
DATE (YEAR/MM/DD)

.....  
SIGNATURE OF EMPLOYER ALTERNATE (if applicable)

.....  
DATE (YEAR/MM/DD)

**The Department of Immigration, Population Growth and Skills does NOT require the use of paid representatives in the immigration process and it is your choice to retain assistance.**