

3. Your representative's contact information

Name of firm or organization (if applicable): _____

Mailing address: _____

Telephone number: _____

Email address: _____

Section C – Representative's 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 Pilot Program application on their behalf with the Department of Advanced Education, Skills and Labour, Office of Immigration and Multiculturalism.

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 Pilot Program application on my behalf with the Department of Advanced Education, Skills and Labour.

Name of representative: _____

LAST NAME, First name

Name of employer for organization: _____

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 Advanced Education, Skills and Labour, Office of Immigration and Multiculturalism does NOT require the use of paid representatives in the immigration process and it is your choice to retain assistance.