

# Use of a Representative Form

ATLANTIC IMMIGRATION PROGRAM (AIP)



A representative is someone who has your permission to conduct business on your behalf with the Department of Jobs, Growth and Rural Development. You may only have one representative. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf or 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 Jobs, Growth and Rural Development.
- I authorize the Department of Jobs, Growth and Rural Development to release information from my case file to my representative. This authorization is in accordance with the Newfoundland and Labrador's [Access to Information and Protection of Privacy Act, 2015 \(ATIPPA, 2015\)](#).

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/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 Jobs, Growth and Rural Development.

.....  
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 Jobs, Growth and Rural Development.

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

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

**SECTION E – YOUR DECLARATION**

- I declare that the information I have provided 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 Jobs, Growth and Rural Development does NOT require the use of paid representatives in the immigration process and it is your choice to retain assistance.**