



## SCHEDULE A APPOINTMENT OF A THIRD-PARTY REPRESENTATIVE

### Personal Information Collection Statement

The information you provide on this form is collected by Employment and Social Development Canada (ESDC) under the authority of the *Immigration and Refugee Protection Act* (IRPA) and *Immigration and Refugee Protection Regulations* (IRPR), for the purpose of providing a Labour Market Impact Assessment (LMIA) in accordance with these statutes. Completion is voluntary; however, failure to complete this form will result in your LMIA application not being processed.

The information you provide may be shared with Citizenship and Immigration Canada (CIC) for the administration and enforcement of the IRPA and IRPR as permitted by the *Department of Employment and Social Development Act* (DESD Act), and may be accessed by the Canada Border Services Agency (CBSA) for the purpose of issuing work permits at Ports of Entry. ESDC may also provide information to CBSA in order for that agency to investigate and enforce the IRPA and IRPR in relation to an LMIA.

The information may also be shared with provincial/territorial governments for the purpose of administration and enforcement of provincial/territorial legislation, including employment standards and occupational health and safety legislation, as permitted by the DESD Act. The information may also be used by ESDC for inspections, policy analysis, research and evaluation in relation to the entry and hiring of TFWs to Canada or the IRPA.

The information you provide is administered under Part 4 of the DESD Act and the *Privacy Act*. You have the right to access and request correction of your personal information, which is described in Personal Information Bank PPU 440 and PPU 171 of Info Source. Instructions for making formal requests are outlined in the Info Source publication available online at [infosource.gc.ca](http://infosource.gc.ca).

THIRD-PARTY BUSINESS INFORMATION			
1. Business Operating Name of Third-Party:	2. Canada Revenue Agency Business Number <i>(first 9 digits are mandatory for Canadian businesses):</i>		
3. Legal Name:	4. Third-party ID number (if applicable):		
5. Mailing Address:			
6. City:	7. Province/State:	8. Country:	9. Postal/Zip Code:
10. Business Address if different from mailing address:			
11. City:	12. Province/State:	13. Country:	14. Postal/Zip Code:
15. Describe the main business activity::			

**THIRD-PARTY CONTACT INFORMATION** (Authorized representative acting on behalf of the employer )

1. First name	Middle name	Last Name:	2. Job title:
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3. Telephone Number	Ext:	4. Fax Number:	5. E-mail Address:
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6. Preferred Official Language of Correspondence: English French

7. Indicate which one of the following applies to the third-party representative

The representative is **UNPAID** and is:

a family member or a friend

a member of a non-governmental or a religious organization

a member in good standing of the Immigration Consultants of Canada Regulatory Council (ICCRC), a provincial or territorial law society or the *Chambre des notaires du Québec*

other (please describe):

**Note:**  
UNPAID third-party representatives are not eligible for the TFW Web Service

8. The representative is, has been, or will be **PAID** and is a member in good standing of:

the Immigration Consultants of Canada Regulatory Council (ICCRC)

**MEMBERSHIP ID:** \_\_\_\_\_

a provincial/territorial law society

**PROVINCE/TERRITORY:** \_\_\_\_\_ **MEMBERSHIP ID:** \_\_\_\_\_

the *Chambre des notaires du Québec*

**MEMBERSHIP ID:** \_\_\_\_\_

other (please describe):

**DECLARATION OF THE THIRD-PARTY REPRESENTATIVE**

I, hereby, declare that the above information is true, accurate and complete.

Signature of the Third-party Representative	Printed name of the Third-party Representative	Date (YYYY-MM-DD)
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## DECLARATION OF EMPLOYER

FOR THE PURPOSE OF THIS LABOUR MARKET IMPACT ASSESSMENT APPLICATION:

I \_\_\_\_\_, located at  
(Name of employer)

\_\_\_\_\_  
(Complete employer business address)

Telephone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

and I \_\_\_\_\_, located at  
(Name of employer number 2, if applicable)

\_\_\_\_\_  
(complete employer address of employer number 2, if applicable)

Telephone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

hereby appoint the third-party indicated on this form as my representative to act on my behalf in order to obtain a Labour Market Impact Assessment from ESDC/Service Canada to hire

\_\_\_\_\_  
(Name of the foreign worker to whom the offer of employment has been made or is anticipated to be made)

I, hereby, agree to ratify and confirm all that my third-party representative shall do or cause to be done by virtue of this appointment.

This appointment shall remain in full force and effect only for the processing of this application, unless due notice in writing of its revocation has been given to ESDC/Service Canada.

_____ <b>Signature of employer</b>	_____ <b>Printed name of employer</b>	_____ <b>Date (YYYY-MM-DD)</b>
_____ <b>Signature of employer number 2 (if applicable)</b>	_____ <b>Printed name of employer number 2</b>	_____ <b>Date (YYYY-MM-DD)</b>
_____ <b>Signature of witness</b>	_____ <b>Printed name of witness</b>	_____ <b>Date (YYYY-MM-DD)</b>