



SCHEDULE A APPOINTMENT OF A THIRD-PARTY REPRESENTATIVE

Privacy Notice Statement

The personal information you provide 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 administering and enforcing the Temporary Foreign Worker (TFW) Program.

The information that you provide may be shared with: Immigration, Refugees and Citizenship Canada and the Canada Border Services Agency for the administration and enforcement of the TFW Program and IRPA/IRPR; the Canada Revenue Agency for the administration and enforcement of the TFW Program; and, provincial/territorial governments for the administration and enforcement of provincial/territorial legislation and programs. The information may also be used by ESDC for research and evaluation purposes and to support the administration or enforcement of other programs in ESDC, including Service Canada and the Labour Program.

This information may also be shared with any Party identified by the employer on the Labour Market Impact Assessment (LMIA) application form or in the employment agreement.

Your personal information is administered in accordance with the IRPA, IRPR, the *Privacy Act*, the *Department of Employment and Social Development Act* (DESDA) and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Banks: TFWP ESDC PPU 440 and TFW Program Inspections ESDC PPU 715. Instructions for obtaining this information are outlined on the [Treasury Board of Canada Secretariat website](#).

This website may also be accessed on-line at any Service Canada Centre. You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information on the [Office of the Privacy Commissioner of Canada website](#).

A person, who contravenes a provision set out under sections 126 or 127 of the *Immigration and Refugee Protection Act* (misrepresentation), could be liable to a fine or to imprisonment, or to both. Also, providing inaccurate information, in the context of this application, may lead to an administrative penalty such as being ineligible to access the Program for a specified period.

THIRD-PARTY BUSINESS INFORMATION

1. Business Legal Name (as registered with Canada Revenue Agency (CRA)):		2. Canada Revenue Agency Payroll deductions program account number (15 digits): _____ RP _____	
3. Business Operating Name (if different from Legal Name):		4. Third Party Identification number (if applicable):	
5. Business Address:			
6. City:	7. Province/State:	8. Country:	9. Postal/Zip Code:

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

1. First name:		Middle name:		Last Name:	
2. Job title:					
3. Telephone Number (999) 999-9999:		Ext:		4. Other Telephone number (999) 999-9999:	
5. Fax Number (999) 999-9999:		6. E-mail Address:			
7. Email Preference: Do not contact via email ☐		8. Preferred Official Language of Correspondence: ☐ English ☐ French			

9. 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 College of Immigration and Citizenship Consultants (CICC), a provincial or territorial law society or the
Chambre des notaires du Québec
- ☐ other (please describe):

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

☐ the College of Immigration and Citizenship Consultants (CICC)

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)

DECLARATION OF EMPLOYER1. Canada Revenue Agency Payroll deductions program account number
(15 digits):

2. Business Legal Name (as registered with CRA):

_____ RP _____

FOR THE PURPOSE OF THIS LABOUR MARKET IMPACT ASSESSMENT APPLICATION:

I _____, located at

(Name of employer)

(Complete employer business address)

Telephone Number (999) 999-9999: _____

Fax number (999) 999-9999: _____

and I _____, located at

(Name of employer number 2, if applicable)

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

Telephone Number (999) 999-9999: _____

Fax number (999) 999-9999: _____

I hereby appoint the third-party indicated on this form as my representative to act on my behalf with ESDC/Service Canada related to Labour Market Impact Assessment application number: _____ (LMIA number)

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.

Note: The employer is responsible for all decisions made on their behalf by the third-party, for the purpose of this LMIA application._____
Signature of employer_____
Printed name of employer_____
Date (YYYY-MM-DD)_____
Signature of employer number 2 (if applicable)_____
Printed name of employer number 2_____
Date (YYYY-MM-DD)_____
Signature of witness_____
Printed name of witness_____
Date (YYYY-MM-DD)