

SCHEDULE A APPOINTMENT OF A THIRD-PARTY REPRESENTATIVE

Privacy Notice 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 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 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 Employer Compliance Reviews and 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.

THIRD-PARTY BUSINESS INFORMATION						
Business Operating Name of Third-Party:		Canada Revenue Agency Payroll deductions program account number (15 digits):				
3. Business Legal Name (as registered with CRA):		4. Business Operating Name (if different from Legal Name):				
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 Ext:	4. Other Telephone numb	oer	Ext:	5. Fax Number:		
6. E-mail Address:			7. Email Preference:			
Do not contact via email						
8. Preferred Official Language of Correspondence: English French						



Signature of the Third-party Representative	Printed name of the Third-party Representative	Date (YYYY-MM-DD)			
I, hereby, declare that the above information is true,	, accurate and complete.				
DECLARATION OF THE THIRD-PARTY REPRESENTATIVE					
other (please describe):					
MEMBERSHIP ID:					
the Chambre des notaires du Québec					
PROVINCE/TERRITORY:	MEMBERSHIP ID:				
a provincial/territorial law society					
MEMBERSHIP ID:					
the Immigration Consultants of Canada Regulatory C	ouncil (ICCRC)				
10. The representative is, has been, or will be PAID and is a m	nember in good standing of:				
Note: UNPAID third-party representatives are not eligible for the	FFW LMIA Online service				
other (please describe):					
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					
a member of a non-governmental or a religious organization					
a family member or a friend					
The representative is UNPAID and is:					
	Tepresentative				
9. Indicate which one of the following applies to the third-party	renresentative				

DECLARATION OF EMPLOYER						
Canada Revenue Agency Payroll deductions program accoun (15 digits): RP	t number 2. Business Legal Name (as registered with CR	A):				
V.L						
FOR THE PURPOSE OF THIS LABOUR MARKET IMPACT ASSESSMENT APPLICATION:						
1	I , located at					
(Name of employer)						
(Complete employer business address)						
· ·	,					
Telephone Number:	Fax number:					
and I		la a de de de				
	employer number 2, if applicable)	, located at				
(Name of	employer number 2, ii applicable)					
(complete employ	ver address of employer number 2, if applicable)					
Telephone Number:	Fax number:					
, sopriore trained.	. 30, 14,1251					
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	he offer of employment has been made or is anticipated to be	made)				
(Name of the foleign worker to whom	The orier of employment has been made of is anticipated to be	made				
I, hereby, agree to ratify and confirm all that my third-party repre	sentative shall do or cause to be done by virtue of this appoint	ment.				
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.						
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)				
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Signature of witness	Printed name of witness	Date (YYYY-MM-DD)				