



British Columbia Provincial Nominee Program

Mailing Address:
800 - 360 W Georgia Street
Vancouver BC V6B 6B2

AUTHORIZED REPRESENTATIVE LETTER (Employer) Provincial Nominee Program (PNP)

PNP File No (for office use only):

This form is used to give BC Provincial Nominee Program (BC PNP) staff authorization to release information regarding a BCPNP file to an employer's authorized representative where applicable (ie. Lawyer, Consultant, etc). If you have any questions about the collection, use and disclosure of this information, contact the BC PNP by telephone: (604) 775-2227, Fax: (604) 660-4092 or by e-mail: PNPInfo@gov.bc.ca

THIS FORM MUST BE REPRODUCED ON COMPANY LETTERHEAD

I, of authorize the
(Name) *(Name of Company)*

release of any information from my British Columbia Provincial Nominee Program (BC PNP) file, for the purpose of assisting me with the BC PNP and immigration process, to:

My authorized representative, , of
(Name of Representative) *(Name of Company)*

Located at . My authorized representative can be reached by
(Company Address)

email at or by phone at .
(Email of Representative) *(Phone Number of Representative)*

The BC PNP follows federal legislation that requires that all paid immigration representatives meet the definition of "authorized representative" in federal regulations. As such, please indicate the following:

My representative is a member of:

The Immigration Consultants of Canada Regulatory Council
(Membership ID Number)

A Canadian provincial or territorial law society.

(Province) *(Membership ID Number)*

(Signature of Nominee Applicant)

Signed this _____ day of _____, 20 ____.