

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

PNP File No (for office use only):

This form is used to give BC PNP staff authorization to release information regarding a BCPNP file to an employer's authorized representative. If you have any questions about the collection, use and disclosure of this information, contact the British Columbia Provincial Nominee Program, 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)*

British Columbia supports new federal regulations requiring all paid immigration representatives to meet the definition of "authorized representative". As such, please indicate the following:

My representative is a member of:

The Canadian Society of Immigration Consultants. _____
(Membership ID Number)

A Canadian provincial or territorial law society.

(Province) *(Membership ID Number)*

Signed this _____ day of _____, 20____.

(Signature of Employer)