



# UNDERTAKING FOR AN APPLICATION FOR A WORK PERMIT EXEMPTED FROM A LABOUR MARKET IMPACT ASSESSMENT (LMIA) AS PART OF THE ATLANTIC IMMIGRATION PROGRAM (AIP)

## A - AIP CANDIDATE

|  |  |                            |                           |                          |
|--|--|----------------------------|---------------------------|--------------------------|
| Principal applicant - Family name (surname)  |  | Given name(s)              |                           | <b>FOR IRCC USE ONLY</b> |
|  |  |                            |                           | UCI no.                  |
| Gender<br><input type="radio"/> F - Female <input type="radio"/> M - Male <input type="radio"/> X - Another gender |  | Date of birth (YYYY-MM-DD) | City and country of birth |                          |
| Family status  |  |                            | Country of citizenship    |                          |

## B - AIP PROGRAM

|                         |
|-------------------------|
| Province of destination |
|-------------------------|

## C - EMPLOYER INFORMATION

|                           |               |               |          |             |
|---------------------------|---------------|---------------|----------|-------------|
| Business operating name   |               |               |          |             |
| Business mailing address: |               |               |          |             |
| Street and number         | Apt. / Unit   | City          | Province | Postal code |
| Telephone number          | Cell number   | Email address |          |             |
| Company representative:   |               |               |          |             |
| Family name (surname)     | Given name(s) | Title         |          |             |

## D - UNDERTAKING AND DECLARATION

**Important: You must read, complete and sign this section.**

I am applying for a two year, LMIA-exempt work permit under the Atlantic Immigration Program.

I have a valid job offer from an employer designated by \_\_\_\_\_ to participate in the Atlantic Immigration Program, and a letter from \_\_\_\_\_ (Name of province) confirming that an Endorsement Application has been signed by me and submitted by my prospective employer to the \_\_\_\_\_ (Name of province).

I undertake to:

- (a) Reside within \_\_\_\_\_ (Name of province) throughout the period of temporary employment;
- (b) Work for the employer specified on the work permit; and
- (c) Report any change in employment to IRCC and \_\_\_\_\_ (Name of province).

Further,

I declare that the information provided is to the best of my knowledge true, complete and accurate.

I am compliant with the Immigration and Refugee Protection Act and the Immigration and Refugee Protection Regulations.

To the best of my knowledge I meet the program requirements of the Atlantic Immigration Program.

I consent to the collection and disclosure of the information contained herein, including for monitoring and evaluation purposes.

I confirm that I understand that if I have made a false declaration or have otherwise provided false or misleading information or have undertaken concealment of a material fact, this application could be rejected. I further confirm that I understand that providing such false or misleading information or concealing material facts could be an offence and/or constitute non-compliance under the *Immigration and Refugee Protection Act*. I understand that any false statements or concealment of any material fact may result in, but is not limited to, the following consequences:

- Refusal of the associated work permit under the Atlantic Immigration Program.
- Refusal of any application for permanent residence made under the Atlantic Immigration Program.

I also understand that should I be found to be inadmissible for misrepresentation under section 127 of the *Immigration and Refugee Protection Act*, I may be barred from entering Canada for a period of two years following a final determination of my inadmissibility or, if this determination is made in Canada following my removal from Canada.

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date (YYYY-MM-DD)

Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the *Immigration and Refugee Protection Act* (IRPA). The personal information provided will be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, provincial/territorial governments and/or foreign governments for the purpose of validating identity, information, eligibility, and admissibility.

Personal information may also be used for other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, subsequent program eligibility, and strategy development and reporting.

Failure to complete the form in full may result in a delay or the application not being processed. The *Privacy Act* gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the [Office of the Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 054.