IMPERIAL
Immigration Consultancy Services

LMIA Application Form

(LMIA) Labour Market Impact Assessment

Update version: 13.06.2019

Representative

IMPORANT REMINDER: Please note that Imperial Imm. will not be able to send the application with missing information. Employers are required to give all necessary details, information and documents for the approval of this application. Missing information may result to delays or refusal of your application. This form is for internal use only*. If you are looking for help follow Visit* ***LMIA Online***

○ New Client	○ Existing Client	○ Returning Client	○ Referral

1. PRIMARY CONTACT'S INFORMATION

Company Legal Name		**Business Operating As** *(if applicable)*
Company G.S.T # ___ ___ ___ ___ ___ ___ ___ ___ ___ **RP 0001**	**Date Of Business Started** *(mm-dd-yyyy)*	**Employer I.D Number**

Business Address ***(Headquarters, Main office address)***

Unit/Suite Number *Street Name* *City/Town* *Province* *Country* *Postal Code*

Job Location ***(if different from Business Address)***

Unit/Suite Number *Street Name* *City/Town* *Province* *Country* *Postal Code*

Mailing Address of the business

Unit/Suite Number *Street Name* *City/Town* *Province* *Country* *Postal Code*

Employer's Name		**Employer's Job Title/Position In The Company**
Business Phone Number	**Primary Contact Number**	**Primary Fax Number**
Employer's Email Address		**Company Website**

2. SECONDARY CONTACT'S INFORMATION

Contact Name	**Job Title/Position In The Company**
Contact Number	**Fax Number**
Email Address	**Other Contact Number**

3. BUSINESS INFORMATION

○ **Trucking**	○ **Hotel & Hospitality**	○ **Hairs Salon**	○ **Caregiver**
○ Fast Food Service	○ Welding	○ Machine Operation	○ Day care
○ Medical Industry	○ Carpentry	○ Material Handling	○ School
○ Manufacturing	○ Concrete	○ Heavy duty cleaning	○ Government
○ Light Duty Cleaning	○ Drywall	○ Roofing company	○ Industrial
○ Oil Field Industry	○ Bakery	○ Warehouse	○ Engineering
○ Construction	○ Restaurant	○ Painting company	○ Power plant
○ Landscaping	○ Gas Station	○ Office Service	○ Automotive

Other service/ industry not listed above:

_____

Please check the appropriate type business:

○ **Incorporated / Limited** ○ **Partnership** ○ **Sole Proprietor**

Other: Specify: _____

Is this a business franchise? ○ **Yes** ○ **No**

If yes, provide the name of the corporation:

_____

If your business is a franchise, is the corporate head office aware of this application for temporary foreign workers (TFW)?

○ **Yes** ○ **No** ○ **Not applicable**

If not applicable specify the reason: _____

4. COMPANY INFORMATION

Do you have an existing HRSDC Job Bank Account? ○ **Yes** ○ **No** ○ **Not applicable**

If yes; please provide us the following;
Username: **Password:**

Did you employ a TFW (as the result of receiving a positive LMIA) in the last two years, prior to December 31, 2013?

○ **Yes** ○ **No**

If your answer is YES: did you provide all TFW/s employed by you in the last two years with wages, working conditions and employment in an occupation that were substanstially the same as those that were described in the offer(s) of employment (and confirmed in the LMIA letter(s) and annexe(s))? ○ **Yes** ○ **No**

Have you applied for and received a positive (approved) LMIA on or before December 31, 2013, and employed a TFW in that position? ○ **Yes** ○ **No**

If your answer is YES: did you provide all TFW/s employed by you, on LMIAs received on or after December 31, 2013, with employment in the same corporation as described in the offer(s) of employment (and confirmed in the LMIA Letter(s) and annexe(s)) and with substantially the same wages and working conditions-but not less favorable than- those set out in that offer(s) or employment (and confirmed in the LMIA letter(s) and annexe(s))? ○ **Yes** **No** ○

Note: ***Employers should be aware that with recent changes to the Immigration and Refugee Protection Regulations, the look back period has changed from 2 to 6 years. However, this changes is not retroactive and, therefore will not be fully implemented until January 2020***

Have you had an LMIA revoked within the previous 2 years from the date you submitted this application? ○ **Yes** ○ **No**

If your answer is YES: was the LMIA revoked because you had provided false, misleading or inaccurate information in the context of a request for an opinion? ○ **Yes** ○ **No If your answer is YES; please provide the details of revocation below;**

Date ***(yyyy-mm-dd)*** **_____ System File Number _____**

If the public policy considerations that justified the revocation are no longer relevant, please provide explanation below;

_____

How many employees currently employed nationally under this Canada Revenue Agency Business number ***(e.g., 5 franchise are covered by the business number and there are a total of 100 employees):***
_____

Total number of employees currently employed at the work location specified on this application: _____

How many Canadians & Permanent Residents are currently working for your company? _____

How many total numbers of employees working in this occupation at this work location? _____

Specify the wage range for these employees:

Low-Wage: $ _____ /hour High-Wage: $ _____ /hour

How many (TFW) Temporary Foreign Workers are currently working for your company? _____

Did your company Lay-Off any workers within the last 12 months? ○ **Yes** ○ **No** ○ **Not applicable**

If yes; please indicate the department and the reason below;

Department: **Reason/s:**

Does your company offer Employee Benefit Plan? ○ **Yes** ○ **No** ○ **Not applicable**

If your answer is no or not applicable; please indicate the reason below;

Does your business receive support through any Government of Canada program (e.g., Work-Sharing Program)?

○ **Yes** ○ **No** **If yes, please name the program/s below:**

5. EMPLOYEE BENEFIT INFORMATION

○ As per collective agreement	○ Bonuses	○ Commission	○ Dental Benefits
○ Disability Benefits	○ Gratuities	○ Group Insurance Benefits	○ Life Insurance Benefits
○ Medical Benefits	○ Mileage Paid	○ Pension Plan Benefits	○ Piece Work
○ RESP Benefits	○ RRSP Benefits	○ Vision Care	○ Other/s

Other benefit/s not listed above:_____

6. EMPLOYMENT STANDARD

Do your company comply with the HRSDC minimum Employment Standards? ○ **Yes** ○ **No** ○ **Not applicable**

For Construction Industry in Alberta and British Columbia

- **A) Vacation = 6%** ○ **Yes** ○ **No** ○ **Not applicable**

If your answer is no or not applicable, please indicate the reason below;

- **B) Statutory Holidays = 3.6%** ○ **Yes** ○ **No** ○ **Not applicable**

If your answer is no or not applicable, please indicate the reason below;

For ALL other industries except Construction Service

- **C) Vacation = 4% or 10 days paid vacation** ○ **Yes** ○ **No** ○ **Not applicable**

If your answer is no or not applicable, please indicate the reason below;

For all industries in the city of Saskatchewan

- **D) Vacation = 3 weeks or 15 days paid vacation** ○ **Yes** **No** ○ **Not applicable**

If your answer is no or not applicable, please indicate the reason below;

Which of the following documentation/s do you require for this application?

○ Canadian Driverse License	○ Drug Test	○ Criminal Record Check	○ Own transportation

○ ***Other/s: (please indicate other required documentation/s not listed above;***

How many working hours per week is required for this application?

○ 30 Hours	○ 35 Hours	○ 37.50 Hours	○ 40 Hours

○ ***Other/s: (please indicate number of hour not listed above)***

Would you like to utilize our LMIA Ads Maintenance service? **Yes** ○ **No** ○ **Not applicable** ○

If your answer is no or not applicable, please indicate the reason below;

7. FOREIGN WORKER INFORMATION

Indicate The Type/S Of Job Position You Are Applying For This Application

1) Job Position	**Number Of Needed Worker/S**
2) Job Position	**Number Of Needed Worker/S**
3) Job Position	**Number Of Needed Worker/S**

Please indicate the best way to receive applicants/candidates resumes below;

○ **In Person** ○ **Via email** ○ **Via Fax** ○ **Via mail** ○ **Via Phone**

Please specify email or mailing address if different from the one you have provided on Section 1 of this questionnaire;

Do you have a specific (TFW) Temporary Foreign Worker/ candidate that you would want to hire? ○ **Yes** ○ **No**

If your answer is yes; please give us the (TFW) Temporary Foreign Worker's information by filling up the Worker's Information details below. Otherwise, put N/A. If you need additional sheet please inform our Imperial Imm. representative.

WORKER #1:

Worker's Name (LAST NAME, FIRST NAME)		***(GENDER)*** ***Male*** ☐ ***Female*** ☐
Date of Birth *(mm-dd-yyyy)*	***Place of Birth***	***Citizenship***
Previous City & Country of Residence ***City:*** _____ ***Country:*** _____	***Current City and Country of Residence*** ***City:*** _____ ***Country:*** _____	

What is his/her status in Canada?

○ **Visitor** ○ **Work Permit** ○ **Open Permit** ○ **Student** ○ **Refugee** ○ **Under Restoration** ○ **Lost Status**

○ **Other/s:** ***Please indicate status not listed above;*** _____

What is the expiration of his/her status in Canada? (*mm-dd-yyyy*) _____

WORKER #2:

Worker's Name (LAST NAME, FIRST NAME)		***(GENDER)*** ***Male*** ☐ ***Female*** ☐
Date of Birth *(mm-dd-yyyy)*	***Place of Birth***	***Citizenship***
Previous City & Country of Residence ***City:*** _____ ***Country:*** _____	***Current City and Country of Residence*** ***City:*** _____ ***Country:*** _____	

What is his/her status in Canada?

○ **Visitor** ○ **Work Permit** ○ **Open Permit** ○ **Student** ○ **Refugee** ○ **Under Restoration** ○ **Lost Status**

○ **Other/s:** ***Please indicate status not listed above;*** _____

What is the expiration of his/her status in Canada? (*mm-dd-yyyy*) _____

WORKER #3:

Worker's Name (LAST NAME, FIRST NAME)	*(GENDER)* *Male* ☐ *Female* ☐

Date of Birth (mm-dd-yyyy)	*Place of Birth*	*Citizenship*

Previous City & Country of Residence	*Current City and Country of Residence*
City: _____ Country: _____	*City: _____ Country: _____*

What is his/her status in Canada?

○ **Visitor** ○ **Work Permit** ○ **Open Permit** ○ **Student** ○ **Refugee** ○ **Under Restoration** ○ **Lost Status**

○ **Other/s:** ***Please indicate status not listed above;*** _____

What is the expiration of his/her status in Canada? (*mm-dd-yyyy*) _____

8. SKILL REQUIREMENT

Do you require education for this application? ○ **Yes** ○ **No** ○ **Not Applicable**

If YES, please indicate below the specific educational attainment that you require; ***(e.g., High School Graduate, College Graduate, etc.)***

If no or not applicable, please indicate the reason bealow;

Do you require specific work experience for the application? ○ **Yes** ○ **No** ○ **Not applicable**

If YES, please indicate below the specific work experience that you require; ***(e.g., Material Handling, Warehouse, Food Serivce, etc.)***

If no or not applicable, please indicate the reason below;

9. ADDITIONAL INFORMATION

In the box below, please indicate any additional information and details you would want us to know and or want to be associated in this Labour Market Impact Assessment Application process. Otherwise, please put N/A; For help Visit LMIA Online

10. IMPORTANT REMINDER

- **To avoid delays of process please make sure to provide all necessary information required in this application**
- **If the employer is found to be non-compliant, HRSDC may issue a negative LMIA or refusal and may revoke all positions on confirmed LMIAs for which work permits have not been issued yet by the CIC Process Centre. They may deem the employer ineligible to hire TFW for 2 years. The employer's names, address and period of ineligibility may also be published on the list of ineligible employers posted on the Canadian Immigration & Citizenship website.**
- **If you have posted ads for this position please include a copy of all advertisements along with this application. We need to make sure that the information posted in the advertisement is correct based on the HRSDC qualifications and standards.**
- **Once the LMIA application form is submitted, Imperial Imm. will send you LMIA Information Summary Sheet that will help you provide in the summary to avoid miscommunications and delays. If you did not receive the LMIA summary within 5-7 days after submission please call your Imperial Imm. representative.**

11. APPLICATION CHECKLIST

○	**Completed Imperial Imm. LMIA Questionnaire**	○	**PD7A Form**
○	Business License Copy *(if applicable)*	○	Proof of Corporation Document *(if applicable)*
○	(Form EMP 5575) Use of Representative	○	(Form EMP 5517) Declaration of Employer
○	(Form EMP 5512) Declaration of Employer	○	Signed Employment Contract
○	(Form EMP 5576) Government Fee Payment Form	○	Employer's Business Card

In this box, please indicate any other information or comments that you would like our Imperial Imm. representative to know in connection with this LMIA application form:

RETAINER AGREEMENT

File Number: _____

THIS AGREEMENT made this _____day of _____, 2019

BETWEEN:

Imperial Immigration.
2608, 12 Street NW Edmonton, Alberta T6T 0V9
Telephone number: +1 780-263-0562
(hereinafter referred to as "RCIC")

OF THE FIRST PART

- and –

Mr./Ms._____
Company Name _____
Located at _____
Phone _____ Fax _____
(hereinafter referred to collectively as "the Client(s)")

OF THE SECOND PART

- WHEREAS the RCIC and the Client wish to enter into a written agreement which contains the agreed upon terms and conditions upon which the RCIC will provide his/her services to the Client.
- AND WHEREAS the RCIC is a member of Immigration Consultants of Canada Regulatory Council (the "Council"), the regulator in Canada for immigration consultants;

IN CONSIDERATION of the mutual covenants contained in this Agreement, the parties agree as follows;

1. **Definitions**

The terms "Client", "Council", "Disbursement" and "RCIC" shall have the meaning given to such terms in the Retainer Agreement Regulation of the Council.

2. **RCIC Responsibilities and Commitment**

The Client asked the RCIC, and the RCIC has agreed, to act for the Client in the matter of _____.

In consideration of the fees paid and the matter stated above, the RCIC agrees to do the following:

a) _____
b) _____
c) _____

Additional pages attached, if necessary.

3. ***Client Responsibilities and Commitment***

3.1 The Client must provide, upon request from the RCIC:

- *All necessary documentation*
- *All documentation in English or French, or with an English or French translation*

3.2 The Client understands that he/she must be accurate and honest in the information he/she provides and that any inaccuracies may void this Agreement, or seriously affect the outcome of the application or the retention of any status he/she may obtain. The RCIC's obligations under the Retainer Agreement are null and void if the Client knowingly provides any inaccurate, misleading or false material information. The Client's financial obligations remain.

3.3 In the event Citizenship and Immigration Canada (CIC) or Human Resources and Skills Development Canada (HRSDC) should contact the Client directly, the Client is instructed to notify the RCIC immediately.
3.4 The Client is to immediately advise the RCIC of any change in the marital, family, or civil status or change of physical address or contact information for any person included in the application.

3.5 In the event of a Joint Retainer Agreement, pursuant to Article 13 of the Code of Professional Ethics, the Clients understand that no information received in connection with the matter from one Client can be treated as confidential so far as any of the other Clients are concerned (Article 13.1.1) and that if a conflict develops that cannot be resolved, the RCIC cannot continue to act for both or all of the Clients and may have to withdraw completely (Article 13.1.2).

4. **Billing method**

The Client will be billed by *(by the hour or flat fee with payment by milestones or predetermined date)*;

_____

The details of this billing method are as follows; *(hourly rate charged or the pertinent milestones or predetermined dates and amounts owing)*

_____

5. **Payment terms and conditions**

Professional Fees	***$***
Other Fees (e.g., Disbursement, Courier Fees, Incorporation Fees, etc.)	*$*
Applicable Taxes (include registered tax numbers)	*$*
Government Fees	*$*
Total Cost/ Charges	*$*

The above amount is to be paid by the client and is subject to change upon mutual agreement of both parties.

Client's Initials: _____

RCIC's Initials: _____

6. **Payment Schedule**

Deposit	$
Balance	$

- *Deposit must be paid upon signing of this agreement*
- *Remaining balance must be paid at the time of filing or process*

Special arrangements of payment must be mutually agreed by the Client and the RCIC (e.g., payment by post-dated cheques, different currency, etc.) Indicate details of payment arrangement below; (if applicable)

7. **Refund Policy**

The Client acknowledges that the granting of a Canadian visa, permits or all other Canadian status and the time required for processing this application is at the sole discretion of the government and not the RCIC. The Client agrees that the fees paid are for services indicated above, and any refund is strictly limited to the amount of fees paid. Unused fees will be refunded at the amount of 50% of fees to be paid within 30 days.

8. **Dispute resolution related to the code of professional ethics**

In the event of a dispute related to the Code of Professional Ethics, the Client and RCIC are to make every effort to resolve the matter between the two parties.

In the event a resolution cannot be reached, the Client is to present the complaint in writing to the RCIC and allow the RCIC 30 days to respond to the Client.

In the event the dispute is still unresolved, the Client may follow the complaint and discipline procedure outlined by the Council on their website:

http://www.iccrc-crcic.ca/public/complaintsDiscipline.cfm

ICCRC Contact Information:
Immigration Consultants of Canada Regulatory Council (ICCRC)
5500 North Service Rd., Suite 1002
Burlington, ON, L7L 6W6

Toll free: 1-877-836-7543

NOTE: All complaint forms must be signed

9. **Confidentiality**

All information and documentation reviewed by the RCIC, required by CIC and all other governing bodies, and used for the preparation of the application will not be divulged to any third party, other than agents and employees, without prior consent, except as demanded by law. *The RCIC, and all agents and employees of the RCIC, are also bound by the confidentiality requirements of Article 8.1 and 8.5 of the Code of Professional Ethics.*

The Client agrees to the use of electronic communication and storage of confidential information. The RCIC will use his/her best efforts to maintain a high degree of security for electronic communication and information storage.

10. **Force Majeure**

The RCIC's failure to perform any term of this Retainer Agreement, as a result of conditions beyond his/her control such as, but not limited to, governmental restrictions or subsequent legislation, war, strikes, or acts of God, shall not be deemed a breach of this Agreement.

11. **Change Policy**

The Client acknowledges that if the RCIC is asked to act on the Client's behalf on matters other than those outlined above in this Agreement, or because of a material change in the Client's circumstances, or because of material facts not disclosed at the outset of the application, or because of a change in government legislation regarding the processing of immigration-related applications, the Agreement can be modified accordingly.

12. **Termination**

12.1 This Agreement is considered terminated upon completion of tasks identified under section 2 of this agreement.
12.2 This Agreement is considered terminated if material changes occur to the Client's application or eligibility, which make it impossible to proceed with services detailed in section 2 of this Agreement.
12.3 This Agreement may be terminated, upon writing, by the Client, at which time any outstanding fees or Disbursements will be refunded by the RCIC to the Client/any outstanding fees or Disbursements will be remitted by the Client to the RCIC.
12.4 Pursuant to Article 14 of the Code of Professional Ethics, this Agreement may be terminated, upon writing, by the RCIC, provided withdrawal does not cause prejudice to the Client.

13. **Governing Law**

This Agreement shall be governed by the laws in effect in the Province/Territory of Alberta, and the federal laws of Canada applicable therein and except for disputes pursuant to Section 8 hereof, any dispute with respect to the terms of this Agreement shall be decided by a court of competent jurisdiction within the Province/Territory of Alberta, Canada.

14. **Miscellaneous**

14.1 This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes all prior agreements, understandings, warranties, representations, negotiations and discussions, whether oral or written, of the parties except as specifically set forth herein.

14.2 This Agreement shall be binding upon the parties hereto and their respective heirs, administrators, successors and permitted assigns.

14.3 This Agreement may only be altered or amended when such changes are made in writing and executed by the parties hereto.

14.4 The provisions of this Agreement shall be deemed severable. If any provision of this Agreement shall be held unenforceable by any court of competent jurisdiction, such provision shall be severed from this Agreement, and the remaining provisions shall remain in full force and effect.

14.5 The headings utilized in this Agreement are for convenience only and are not to be construed in any way as additions to or limitations of the covenants and agreements contained in this Agreement.

14.6 Each of the parties hereto shall do and execute or cause to be done or executed all such further and other things, acts, deeds, documents and assurances as may be necessary or reasonably required to carry out the intent and purpose of this Agreement fully and effectively.

14.7 The Client acknowledges that he/she has had sufficient time to review this Agreement and has been given an opportunity to obtain independent legal advice and translation prior to the execution and delivery of this Agreement. *In the event the Client did not seek independent legal advice prior to signing this Agreement, he/she did so voluntarily without any undue pressure and agrees that the failure to obtain independent legal advice shall not be used as a defense to the enforcement of obligations created by this Agreement.* Furthermore, the Client acknowledges that he/she has received a copy of this Agreement and agrees to be bound by its terms.

14.8 The Client acknowledges that he/she has requested that the Agreement be written in the English language.

15. **Contact Information**

Client / Designate Name Information		
Give Name	*Middle Name*	*Last Name*
Contact Number	*Fax Number*	*Email Address*

RCIC Information		
Give Name	*Middle Name*	*Last Name*
Contact Number	*Fax Number*	*Email Address*

IN WITNESS THEREOF this Agreement has been duly executed by the parties hereto on the date first above written. The Client acknowledges that he/she (they) has read this Agreement, understands it, has obtained such independent legal advice as he or she deems it appropriate, have sought translation and agree to be bound by its terms.

Signature of Client	***Signed date***
Signature of RCIC	***Signed Date***

16. **Attachments** *(as required)*

◯	Initial Consultation Agreement	◯	Agent Agreement
◯	Designate Authorization	◯	Copy of Invoice
◯	Application Form	◯	Copy of Government Fee

Client's Initials: _____

RCIC's Initials: _____

PREASSESSMENT TO APPLY LMIA:

1. [A] – Total number of hours (including overtime) for all workers, in 4 consecutive weeks, within the 6 week period prior to the application being submitted.

A = _____

2. Provide the dates for the time period of the 4 consecutive weeks that are used to calculate the total hours (e.g. May 12 to June 6, 2014) _____ to _____

3. [B] – Calculate the average weekly hours worked (A ÷ 4):

B = _____

4. [C] – Total number of hours (including overtime) for all current lower-wage TFWs for the same 4 week time period indicated in question 2, above:

C = _____

5. [D] – Calculate the average weekly hours of all current lower-wage TFWs (C ÷ 4):

D = _____

6. [E] – Calculate the overall percentage of lower-wage TFWs = (D ÷ B) x 100:

E = _____

Date: _____

Employer's Signature: _____

NOTE: The answer to question 6 will give employers their percentage of lower-wage TFWs. Employers, whose current workforce is made up of 30% or more of lower-wage TFWs, will not be able to participate in the Program. Employers whose percentage of lower-wage TFWs that are below 30% will be frozen at this rate. Employers will only be able to replace current TFWs, whose work permits are expiring.

Employment and Social Development Canada | Emploi et Développement social Canada

PROTECTED WHEN COMPLETED - B

For office use only

LABOUR MARKET IMPACT ASSESSMENT – PROCESSING FEE PAYMENT

Employers must pay a processing fee for each position requested, except applications that involve on-farm primary agriculture occupations such as general farm workers, nursery and greenhouse workers and harvesting labourers (specifically NOC codes 8431, 8432 and 8611).

The total processing fee, where applicable, must be paid before the employer's LMIA application can be processed.

Step 1 – Complete employer information section:

Employer Business Name:	
Canada Revenue Agency Business Number: *(First 9 digits are mandatory for Canadian employers)*	

Step 2 – Calculate total labour market impact assessment processing fee in Canadian dollars:

Number of positions requested _____ X $1,000 = TOTAL processing fee payment of $ CAD _____

Step 3 – Select method of payment:

☐ Certified cheque or money order (postal or bank) made payable to the Receiver General for Canada

☐ Credit card (Visa, MasterCard, American Express)

For payment by credit card, complete and sign this section

CREDIT CARD INFORMATION AND PAYMENT AUTHORIZATION			
Name of cardholder (as it appears on the credit card):	Employer primary contact name:		
Credit card type: ☐ Visa ☐ MasterCard ☐ American Express	Credit card number:	Expiry date: MM	YYYY
Enter the card security/card verification value code (CVV) (a three or four digit number found on the back or front of the credit card): _____			
AUTHORIZATION: I authorize ESDC/Service Canada in the name of the Receiver General for Canada to charge _____ $ CAD to my credit card This is permission for a single transaction, and does not provide authorization for any additional charges.			
Signature of cardholder:	Date: YYYY	MM	DD

Send this form to Service Canada only

NOTE:
Refunds will only be provided if a fee was collected in error (e.g. an incorrect fee amount was processed). There will not be refunds in the event of a negative labour market impact assessment since the fee covers the process to assess an application and not the outcome.

For office use only

LABOUR MARKET IMPACT ASSESSMENT – PROCESSING FEE PAYMENT

Employers must pay a processing fee for each position requested, except applications that involve on-farm primary agriculture occupations such as farm managers/supervisors and specialized livestock workers (specifically NOC codes 8251, 8252, 8253, 8254 and 8256), and those solely to support a foreign national's immigration application.

The total processing fee, where applicable, must be paid before the employer's LMIA application can be processed.

Step 1 – Complete employer information section:

Employer Business Name:	
Canada Revenue Agency Business Number: *(First 9 digits are mandatory for Canadian employers)*	

Step 2 – Calculate total labour market impact assessment processing fee in Canadian dollars:

Number of positions requested _____ X $1,000 = TOTAL processing fee payment of $ CAD _____

Step 3 – Select method of payment:

☐ Certified cheque or money order (postal or bank) made payable to the Receiver General for Canada

☐ Credit card (Visa, MasterCard, American Express)

For payment by credit card, complete and sign this section

CREDIT CARD INFORMATION AND PAYMENT AUTHORIZATION			
Name of cardholder (as it appears on the credit card):	Employer primary contact name:		
Credit card type: ☐ Visa ☐ MasterCard ☐ American Express	Credit card number:	Expiry date: MM	YYYY
Enter the card security/card verification value code (CVV) (a three or four digit number found on the back or front of the credit card): _____			
AUTHORIZATION: I authorize ESDC/Service Canada in the name of the Receiver General for Canada to charge _____ $ CAD to my credit card This is permission for a single transaction, and does not provide authorization for any additional charges.			
Signature of cardholder:	Date: YYYY	MM	DD

Send this form to Service Canada only

NOTE:
Refunds will only be provided if a fee was collected in error (e.g. an incorrect fee amount was processed). There will not be refunds in the event of a negative labour market impact assessment since the fee covers the process to assess an application and not the outcome.

SIGNATURE OF EMPLOYER

The individual signing this form must have authority for either the hiring or financial decisions of the organization (e.g. owner, franchisee, general manager, or senior executive – such as VP Human Resources).

I have read and I understand the Personal Information Collection Statement found at the beginning of this application.
I declare that the information provided in this Labour Market Impact Assessment application is true, accurate and complete.

Signature of Employer	**Printed Name of Employer**
Title of Employer	**Date (YYYY-MM-DD)**

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 period of two years.

DOCUMENTATION REQUIRED

The boxes with check marks indicate the required documents that should be included with the application.

If a required document is not attached, please explain:

Documentation Required	
Proof of recruitment (e.g. copy of advertisement and information to support where, when and for how long the position was advertised)	☑
Business registration or legal incorporation documents (if first LMIA application)	☑
Provincial/municipal business license (where applicable and if first LMIA application)	☑
Canada Revenue Agency: • T2 Schedule 100 Balance Sheet Information (for corporations only – 2 most recent returns filed) • T2 Schedule 125 Income Statement Information (for corporations only – 2 most recent returns filed) Only required if this is the employer's first LMIA application. Does not apply to film and entertainment	☑
Provincial/territorial workplace safety and insurance (e.g. workers compensation board) clearance letter/certificate	☑
Commercial lease agreement (where applicable and if first LMIA)	☑
Provincial documentation requirements (for the provinces noted below): **ALBERTA** - Employment Agency Business Licence (*Alberta's Fair Trading Act*) if applicable **BRITISH COLUMBIA** - Employment Agency License (*British Columbia's Employment Standards Act*) if applicable **MANITOBA** - Certificate of Registration (*Manitoba's Worker Recruitment and Protection Act*) **NOVA SCOTIA** - Employer Registration Certificate *(Labour Standards Code)* **SASKATCHEWAN** – Employer Registration Certificate *(The Foreign Worker Recruitment and Immigration Services Act)* **Note:** In some cases the province may not provide a physical document but rather post the names of registered/certified employers on a website.	☑

Send Application and all Supporting Documentation:
Employers must sign and send the completed application and all required documentation to the Service Canada Centre responsible for processing applications in their area.

A list of LMIA Processing centres is available on the ESDC website: www.esdc.gc.ca/eng/jobs/foreign_workers/scc.shtml
Note:
A complete application means that employers have:

- filled out all of the fields in all of the necessary forms;
- included all of the required documentation;
- signed the forms where required; and
- submitted the fee payment with the application.

If an application is submitted and it is not complete, Service Canada staff will inform the employer that the application will not be processed. Incomplete applications and supporting documents submitted with the application will not be retained or returned to the employer. As a result, employers are advised to submit copies, not original documents.

SIGNATURE OF EMPLOYER

The individual signing this form must have authority for either the hiring or financial decisions of the organization (e.g. owner, franchisee, general manager, or senior executive – such as VP Human Resources).

I have read and I understand the Personal Information Collection Statement found at the beginning of this application. I declare that the information provided in this Labour Market Impact Assessment is true, accurate and complete.

Signature of Employer	Printed Name of Employer
Title of Employer	Date (YYYY-MM-DD)

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 period of two years.

DECLARATION OF EMPLOYER

FOR THE PURPOSE OF THIS LABOUR MARKET IMPACT ASSESSMENT APPLICATION:

I _____, located at
(Name of employer)

_____
(Complete employer business address)

Telephone Number: _____ Fax number: _____

and I _____, located at
(Name of employer number 2, if applicable)

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

Telephone Number: _____ Fax number: _____

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 opinion from ESDC/Service Canada

_____
(Name of the foreign worker to whom the offer of employment has been made or is anticipated to be made)

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.

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)**

WORK LOCATION INFORMATION

1. Employer ID number (if applicable):	2. Canada Revenue Agency Business Number (First 9 digits are mandatory for Canadian Businesse):
3. Business Legal Name:	4. Business Operating Name:
5. Work Location Address:	

6. City:	7. Province/State:	8. Postal/Zip Code:	9. Business Telephone Number:

ESTABLISHING THE CAP

1. Select 4 consecutive weeks between May 10, 2014 and June 20, 2014. This time period will be used to calculate the number of workers at the specified work location:

   The 4 weeks period used is: _____ to _____ (e.g. May 11 to June 7, 2014).

2. [A] – Total number of all the hours of work for all employees at the work location, (including overtime and all positions staffed by Canadians, permanent residents, current TFWs and all other workers on open work permits, student visas, etc.), for the selected 4 week period:

3. [B] – Calculate the average weekly hours worked, at the specified location: A ÷ 4 =

4. [C] – Total number of all the hours of work (including overtime) for all TFWs (who required an LMIA, previously known as a labour market opinion or LMO), who are currently employed in low-wage positions, at the specified work location, for the selected 4 week period:

5. [D] – Calculate the average weekly hours of work for the TFWs, who are currently employed in low-wage positions at the specified work location: C ÷ 4 =

6. [E] – Calculate the percentage of all staff that are TFWs in low-wage positions: D ÷ B x 100 =

7. Establish the cap for the specified work location. This cap will be used as part of all future applications for the next 2 years and will be calculated as follows:

   If [E] is 10% or less, then enter 10% as your cap.

   If [E] is greater than 10%, then determine the time period in which you are submitting the application and enter your cap as the lower percentage between [E] and the following:

   - 30% June 20, 2014 to June 30, 2015
   - 20% July 1, 2015 to June 30, 2016
   - 10% July 1, 2016 and later

   (e.g. An employer applying in September 2015, is subject to the established cap of 20%, however the employer has calculated [E] the percentage of low-wage TFWs at the specified work location as – 17%. Since [E] is the lower than 20%, the employer will enter 17% as the current cap.)

   Enter your current cap: _____ .

SIGNATURE OF EMPLOYER

The individual signing this form must have authority for either the hiring or financial decisions of the organization (e.g. owner, franchisee, general manager, or senior executive – such as VP Human Resources).

I have read and I understand the Personal Information Collection Statement found at the beginning of this application. I declare that the information provided in this Labour Market Impact Assessment is true, accurate and complete.

_____ _____

Signature of Employer | Printed Name of Employer

_____ _____

Title of Employer | Date (YYYY-MM-DD)

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 period of two years.

IMPORTANT INFORMATION

The Transition Plan is a requirement of applying for an LMIA and is agreed upon between you and Service Canada. As a result, if you wish to make any changes to the plan after the opinion is issued, you must contact Service Canada to request such a change. If Service Canada accepts your request, you will be required to submit and sign a revised Transition Plan that incorporates the agreed-upon changes.

The submission of a revised Transition Plan will be critical particularly if you are selected for an inspection at some point in the future. In accordance with the provisions of the IRPR, ESDC may conduct an inspection to verify your compliance with the conditions set out in the positive letter and annexes (which includes the Transition Plan). As a result, the inspection could include a review of your Transition Plan and if Service Canada does not have a copy of your revised plan, you will be held accountable for the Transition Plan that is on file.

As part of the inspection, or if you are applying for a subsequent LMIA for the same occupation at the same work location, you must be able to provide proof that you conducted the activities identified in your plan. Acceptable documentation could include:

- Proof of advertising (e.g. Job Bank records, newspaper ads)
- Support letters from partnering organizations
- Invoices (e.g. for job fair booths, financial supports provided to TFWs)
- Job advertisements demonstrating an increase in the wages offered
- Documentation of participation in government-sponsored employment projects
- Documentation demonstrating new hires, including Bridge-to-work positions such as apprenticeships/ internships (e.g. letters of offer, payroll information)
- Documentation to prove the employers' effort to support the foreign worker's application for permanent residency (CIC or relevant immigration program)

SIGNATURE OF EMPLOYER

The individual signing this form must have authority for either the hiring or financial decisions of the organization (e.g. owner, franchisee, general manager, or senior executive – such as VP Human Resources).

I have read and I understand the Personal Information Collection Statement found at the beginning of this application. I declare that the information provided in this Transition Plan is true, accurate and complete.

Signature of Employer

Printed Name of Employer

Title of Employer

Date (YYYY-MM-DD)

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 period of two years.