

# Request a New Endorsement Certificate

## Atlantic Immigration Pilot Project (AIPP)



A new endorsement certificate will be considered in the event the certificate must be revised, or your candidate must resubmit a permanent resident application that has been returned by Immigration, Refugees and Citizenship Canada (IRCC).

**Note:** The request for a new certificate will **not** be considered for a candidate who failed to meet their obligation under the AIPP to submit a permanent resident application to IRCC prior to the expiry on the original endorsement certificate, or who failed to apply to IRCC for permanent residence within 90 days from the submission of the application for a temporary work permit. Endorsement certificates will be issued at the sole discretion of PETL.

**The Employer** must e-mail this completed form along with required documents to: [aipp-ppia@gnb.ca](mailto:aipp-ppia@gnb.ca)

Subject: Request a New Endorsement Certificate (AIPP#)

Body: COMPANY NAME: Candidate LAST NAME, First Name; Date of birth (mm-dd-yyyy)

EMPLOYER INFORMATION		
Company name		AIPP designation no.
Company contact	Email	Telephone

INB CANDIDATE INFORMATION	
<p><b>Important:</b> All approved certificates will be issued via the candidate's <a href="#">INB</a> account.</p> <p>If the original application was submitted and approved prior to the activation of the INB portal, an account will be created for you, and you will be provided instructions via email that will explain how access your INB account.</p> <p>If you no longer have access to your INB account, we will contact you prior to restoring access.</p>	<p>INB CANDIDATE ID #</p> <p><input type="checkbox"/> I do not have an INB Candidate ID</p> <p><input type="checkbox"/> I do not have access to my INB account</p>

PRINCIPAL APPLICANT INFORMATION		
Family name(s) exactly as shown on your passport or travel document		Given name(s) exactly as shown on your passport or travel document
Date of Birth (mm-dd-yyyy)	AIPP certificate number	IRCC file number (if applicable)
Work permit number (if applicable)		Work permit expiry date (if applicable)

CONTACT INFORMATION			
E-mail address			Telephone number
Current mailing address, including postal code			
PO Box	Apt./Unit	Street no.	Street name
Province or State		District	Country
			Postal Code

**Important:** you must also update your contact information, including current mailing address, in your INB account

IMMIGRATION REPRESENTATIVE INFORMATION IF APPLICABLE		
Representative name		Company or Organization
RCIC number (if applicable)	email address	Telephone number

REASON(S) YOU ARE REQUESTING A NEW ENDORSEMENT CERTIFICATE			
	Reason for the request	Explain (as required)	Documents required
<input type="checkbox"/>	IRCC returned the application		<ul style="list-style-type: none"> <li>- IRCC correspondence (if applicable)</li> <li>- Educational Credential Assessment (if applicable)</li> <li>- Valid language test</li> <li>- Letters of reference from previous employers</li> <li>- Valid and/or expired work permit(s)</li> </ul> <p><b>Note:</b> If you have previously submitted and Educational Credential Assessment, valid language test or letters of reference, you are not required to include them with this request.</p> <p>PETL will not consider your request until all documents have been submitted.</p>
<input type="checkbox"/>	Administrative error		
<input type="checkbox"/>	Other		

EMPLOYER DECLARATION	
<p>I, _____, do solemnly declare that the information I have given in the forgoing application is truthful, complete and correct, and I make this solemn declaration believing it to be true and knowing that it is of the same force and effect as if made under oath. I understand that any false statements or concealment of a material fact may result in my exclusion from the AIPP and NBNP. I understand all the above information, having had the opportunity to ask for or having asked for and obtained an explanation on every point which was not clear to me. I will immediately inform PETL if any of the information or the answers provided in my application forms change.</p>	
<p>_____ Signature of employer</p>	<p>_____ Date (mm-dd-yyyy)</p>

Personal information on this form is collected under paragraph 37(1)(b) of the Right to Information and Protection of Privacy Act, SNB 2009, c. R-10.6 (RTIPPA). If you have any questions about the collection and handling of personal information you may contact us:  
Telephone: (506) 453-3981; Facsimile: (506) 444-6729; Email: [immigration@gnb.ca](mailto:immigration@gnb.ca); Website: [www.weclomenb.ca](http://www.weclomenb.ca)