APPLICATION TO CHANGE CONDITIONS, EXTEND MY STAY OR REMAIN IN CANADA AS A WORKER

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

1 UCI	2 * I want service in	OFFICE USE ONLY
		Validated

3 I am applying for one or more of the following:

- ☐ * Apply for a work permit with the same employer
- ☐ * Apply for a work permit for the first time or with a new employer
- ☐ * Restore my status as a worker
- ☐ * Get a new temporary resident permit (for inadmissible applicants only)

PERSONAL DETAILS

1 Full name

* Family name (as shown on your passport or travel document)	Given name(s) (as shown on your passport or travel document)

2 a) **Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ?** ☐ * No ☐ * Yes

b) **If you answered "yes" to question 2a)**, please provide the name (e.g. Nickname, maiden name, alias, etc.)

Family name	Given name(s)

*3 Sex	4 Date of birth	5 Place of birth	
	* YYYY * MM * DD	* City/Town	* Country or Territory

6 * Citizenship

7 Current country or territory of residence:

Country or Territory	Status	Other	From	To
* Canada	*		YYYY-MM-DD	YYYY-MM-DD

8 a) **Previous countries or territories of residence:** During the past five years have you lived in any country or territory other than your country of citizenship or your current country or territory of residence (indicated above) for more than six months? ☐ * No ☐ * Yes

b) **If you answered "yes" to question 8a),** please provide details

Country or Territory	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD

9 * a) Your current marital status

b) **(If you are married or in a common-law relationship)** Provide the date on which you were married or entered into the common-law relationship ▶ Date YYYY-MM-DD

c) Provide the name of your current Spouse/Common-law partner

Family name	Given name(s)

d) If you are married or in a common-law relationship, is your spouse or common-law partner a Canadian citizen or permanent resident? ☐ No ☐ Yes

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name | Date of Birth

PERSONAL DETAILS (CONTINUED)

10 a) **Have you previously been married or in a common-law relationship?** ☐ * No ☐ * Yes

b) Provide the following details for your previous Spouse/Common-law partner:

Family name | Given name(s)

c) Type of relationship | d) From (YYYY-MM-DD) | To (YYYY-MM-DD) | e) Date of Birth (YYYY MM DD)

LANGUAGE(S)

1 * a) Native language/Mother Tongue | *b) Are you able to communicate in English and/or French? | c) In which language are you most at ease?

d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? ☐ * No ☐ * Yes

PASSPORT

1 * Passport number | 2 * Country or territory of issue | 3 * Issue date (YYYY-MM-DD) | 4 * Expiry date (YYYY-MM-DD)

5 * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number? ☐ *No ☐ *Yes

6 * For this trip, will you use a National Israeli passport? ☐ *No ☐ *Yes

NATIONAL IDENTITY DOCUMENT

1 Do you have a national identity document? ☐ * No ☐ * Yes

2 Document number | 3 Country or Territory of issue | 4 Issue date (YYYY-MM-DD) | 5 Expiry date (YYYY-MM-DD)

US PR CARD

1 Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)? ☐ * No ☐ * Yes

2 Document number | 3 Expiry date (YYYY-MM-DD)

CONTACT INFORMATION

If submitting your application by mail:
- All correspondence will go to this address unless you indicate your e-mail address below.
- Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.
- If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.

1 **Current mailing address**

P.O. box | Apt/Unit | Street no. | * Street name

* City/Town | * Country or Territory: Canada | * Province | * Postal code

2 **Residential address** Same as mailing address? ☐ * No ☐ * Yes

Apt/Unit | Street no. | Street name

City/Town | Country or Territory: Canada | Province | Postal code

3 **Telephone no.** ☐ Canada/US ☐ Other

Type | Country Code | No. | Ext.

4 **Alternate Telephone no.** ☐ Canada/US ☐ Other

Type | Country Code | No. | Ext.

5 **Fax no.** ☐ Canada/US ☐ Other

Country Code | No. | Ext.

6 **E-mail address**

Applicant Name	Date of Birth

COMING INTO CANADA

1	Date and place of your original entry to Canada	* Date (YYYY-MM-DD)	* Place
2	* a) The original purpose for coming to Canada		b) Other
3	Date and place of your most recent entry to Canada (if not the same as original entry)	Date (YYYY-MM-DD)	Place
4	If applicable, provide the document number of the most recent Visitor Record, Study Permit, Work Permit or Temporary Resident Permit issued to you.		Document Number

DETAILS OF INTENDED WORK IN CANADA

1	* a) What type of work permit are you applying for?	b) Other

2 Details of my prospective employer (attach original offer of employment)

a) Name of Employer (If you are employed by a foreign employer who has been awarded a contract to provide services to a Canadian entity, please identify the foreign employer here)

b) Complete Address of Employer (Canadian or Foreign):

3 Intended location of employment in Canada?

Province	City/Town	Address

4 My occupation in Canada will be:

Job title	Brief description of duties

5	Duration of expected employment	From (YYYY-MM-DD)	To (YYYY-MM-DD)	6 Labour Market Impact Assessment (LMIA) No. or Offer of Employment (LMIA Exempt) No.

7 If you have been issued a Quebec Acceptance Certifcate (CAQ), provide the:

Certificate Number	Expiry Date

8 Have you been issued a certificate under the Provincial Nominee program? ☐ * No ☐ * Yes

EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)? ☐ * No ☐ * Yes

If you answered ''yes'', give full details of your highest level of post secondary education.

1	From (YYYY MM)	Field and level of study	School/Facility name	
	To (YYYY MM)	City/Town	Country or Territory	Province/State

EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator)

1	From (* YYYY * MM)	* Current Activity/Occupation	* Company/Employer/Facility name	
	To (YYYY MM)	* City/Town	* Country or Territory	Province/State

Applicant Name	Date of Birth

EMPLOYMENT (CONTINUED)

2	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country or Territory	Province/State
3	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country or Territory	Province/State

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

1 a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis? ☐ No ☐ Yes

b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada? ☐ No ☐ Yes

c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).

2 a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? ☐ No ☐ Yes

b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory? ☐ No ☐ Yes

c) Have you previously applied to enter or remain in Canada? ☐ No ☐ Yes

d) If you answered "yes" to question 2a), 2b) or 2c), please provide details.

3 a) Have you ever committed, been arrested for or been charged with or convicted of any criminal offence in any country or territory? ☐ No ☐ Yes

b) If you answered "yes" to question 3a), please provide details.

Applicant Name	Date of Birth

BACKGROUND INFORMATION (CONTINUED)

4 a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)? ☐ No ☐ Yes

b) If you answered "yes" to question 4a), please provide dates of service and countries or territories where you served.

5 Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? ☐ No ☐ Yes

6 Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? ☐ No ☐ Yes

SIGNATURE

Immigration, Refugees and Citizenship Canada (IRCC), or an organization at IRCC' request, may want to contact you in the future to ask you about any services you received from IRCC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). IRCC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. IRCC will not use this information to make any decisions about you personally.

Do you consent to be contacted by IRCC, or an organization at IRCC's request, in the future? (Y/N) ☐ No ☐ Yes

I consent to the release to Immigration, Refugees and Citizenship Canada (IRCC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.	Date: YYYY-MM-DD

IMPORTANT NOTE:
This application must be signed and dated before it is submitted by mail.
Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

PRIVACY NOTICE

Personal information provided on this form is collected and will be used, disclosed, and retained 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 applications. The personal information provided may be disclosed to other federal government institutions and third parties including law enforcement bodies, provincial/territorial governments and/or foreign governments for the purpose of validating identity, eligibility and admissibility.

The personal information collected on an application, and other information collected in support of an application, may be used for computer analytics to support processing of applications and decision making, including your application. Personal information, including from advanced analytics, automation, and other technologies, may also be used for purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Where biometrics are provided in support of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate, or prosecute an offence under any law of Canada or a Province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

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. Further details are available in Info Source. 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 PPUs 054 and 068.