



Office of Immigration

Office of Immigration
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LABOUR IMPACT EMPLOYER LANGUAGE DECLARATION

I, _____, am the _____ of
(employer/person signing declaration) (President, Secretary, CEO, Partner, etc.)

_____ and I do hereby confirm that the Company is
(the "Company")

comfortable that _____ has enough proficiency
(applicant)

in the English and/or French language to perform the tasks associated with the job position being offered.

Employer Signature

Date (d/m/y)

Personal information on this form is collected under section 31 (c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for PEI PNP and will be used for the purpose of immigration and determining eligibility under the program. If you have any questions about this collection of personal information, you may contact the Office of Immigration at 94 Euston Street, Charlottetown, Prince Edward Island, C1A 7M8. Telephone: (902) 620-3628 Facsimile: (902) 368-5886 Email: immigratepei@gov.pe.ca Website: immigratepei.ca