

## Request for Reconsideration

The personal information collected through the Alberta Immigrant Nominee Program (AINP) is collected for purpose of administering the AINP. This personal information collection is authorized by section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information, you may contact AINP Operations Manager at 780-638-2843, by email at [lbr.pnpoffice@gov.ab.ca](mailto:lbr.pnpoffice@gov.ab.ca) or by mail to Alberta Immigrant Nominee Program, Suite 940, ATB Place North Tower, 10025 Jasper Avenue, Edmonton, Alberta, Canada, T5J 1S6.

**This form is only for candidates who submitted their application by mail.** Before submitting a Request for Reconsideration, ensure you have read the information and conditions stated in the section on reconsideration requests on the How to apply page for your stream. There is no guarantee that your reconsideration request will be accepted, nor that the original decision made on your application or Expression of Interest (EOI) will change.

To request reconsideration of your application decision or EOI decision from the AINP, complete this form, assemble any supporting documents required, and email it to the AINP. The AINP's email address can be found on the bottom of page 3 of this form. The AINP will not accept incomplete forms or forms submitted by mail or fax.

<b>A. Applicant details</b>	AINP file/EOI number: <input style="width: 90%;" type="text"/>
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*\*Note: Only the applicant named on the decision letter can submit a request for reconsideration.*

Family name:		Given name(s):	
Current residential address:		City/Town:	
Province/Territory/State:		Postal code/Zip code:	Country:
Current mailing address: (only complete if different from above)		City/Town:	
Province/Territory/State:		Postal code/Zip code:	Country:
Home phone:	Work phone:	Cell phone:	Email:

## B. Use of Authorized Representative

Are you using an Authorized Representative?

- No, I am not using an Authorized Representative
- Yes, I am using the same Authorized Representative as on my original AINP application/EOI.
- Yes, I am using a new or different Authorized Representative than was used on my original AINP application/EOI.

Attach an updated Use of Representative form.

## C. Reconsideration request

- I declare that this is my first request for reconsideration to the AINP for this application/EOI. If you have previously requested and been granted an AINP reconsideration for this application/EOI you will not be granted any further reconsiderations.

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- I declare that this request is submitted within 30 calendar days of the date stated on the original decision letter issued by the AINP. The AINP must receive your reconsideration request **within 30 calendar days** of the date stated on your original decision letter. If more than 30 calendar days have passed since the date of your decision letter, you are not eligible for an AINP reconsideration.

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- I declare that this request is related to the reasons stated on the decision letter issued by the AINP. If your request is not related to the reasons stated on the decision letter, you are not eligible for an AINP reconsideration.

## D. Reason for reconsideration request

- An error was made in applying program criteria to my application/EOI.

Explain below.

## E. Declaration and Authorization of Candidate (You must sign and date this form)

By signing and submitting this form, I confirm that:

1. The information I have provided in this request is true, complete and correct and I, the Candidate, have personally provided it.
2. I understand that the AINP is not obligated to assess/process any requests for reconsideration submitted. Further, the decision to reconsider any particular application/EOI, and the outcome of any such reconsideration, is at the AINP's sole discretion. Program criteria are eligibility minimums, and meeting program criteria does not guarantee that my application/EOI will be approved on reconsideration.
3. I understand that the AINP may decline this reconsideration request or withdraw a Nomination:
  - a. If I have submitted any false statements or concealed a relevant or significant fact. Both constitute misrepresentation;
  - b. If I do not comply with any request for information required by the AINP to effectively administer and maintain the integrity of the program;
  - c. For reasons other than the above statements. As a result of this decline or withdrawal, the AINP may refuse to consider me as a Candidate for Nomination for an unspecified period.
4. I understand if my request for reconsideration is accepted, AINP's reconsideration may be conducted in any manner the AINP considers appropriate, and the AINP may confirm, rescind or amend any decision previously made by it.
5. I understand that the AINP has exclusive jurisdiction to examine, inquire into, hear and determine all matters and questions arising under the AINP program and the action or decision of the AINP on such matters and questions is final and conclusive.
6. I understand all of the above statements, and have asked for and received an explanation, or language translation if required, on every point about which I may have been uncertain.

Signature:

Date: (mm/dd/yyyy)

**IMPORTANT: All requests for reconsideration are subject to a processing fee of \$100. You must include a copy of the online fee payment receipt with your request.**

Requests will only be accepted via email. E-mail your complete form, supporting documents and fee payment receipt to the AINP at [lbr.pnpoffice@gov.ab.ca](mailto:lbr.pnpoffice@gov.ab.ca).

Reconsideration requests will take up to 30 calendar days to process. The AINP will not respond to any status inquiries about reconsideration requests.