



# APPLICATION FOR PERMANENT RESIDENCE

## FEDERAL SKILLED WORKER CLASS SIMPLIFIED APPLICATION PROCESS

THIS FORM MUST BE COMPLETED BY THE PRINCIPAL APPLICANT ONLY

<b>FOR OFFICE USE ONLY</b>
Office file number (or IMM 1343 Case Label)
Date of receipt stamp at post

**You must meet all criteria at the time you submit your application**

How many family members (including yourself) are included in this application for permanent residence?

**Language you prefer for:**

Correspondence:  English  French

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Interview:  English  French Other

- Your full name** (as shown in your passport or travel document)  
 Family name   
 Given name(s)
- Your sex**  Male  Female
- Your date of birth**  

Day	Month	Year
- Your place of birth**  
 Town/City   
 Country
- Your country of citizenship**
- Your country of residence**  
  
 Since when? 

Day	Month	Year
- Your native language**
- Your height**  
 cm OR  ft  in
- Colour of your eyes**
- Your current marital status**  
 Never married  Married  Widowed  Legally separated  
 Annulled marriage  Divorced  Common-law  
 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  

Day	Month	Year
- Have you previously been married or in a common-law relationship?**  
 No  Yes  **Give the following details for each previous spouse or partner. If you do not have enough space, provide details on a separate sheet of paper.**  
 Name of previous spouse or partner   
 Date of birth 

Day	Month	Year

  
 Type of relationship  Marriage  Common-law union  
 From 

Day	Month	Year

 to 

Day	Month	Year

- Your residential address (include city and country)**
- Your mailing address, if different from your residential address**  
  
  
  

All correspondence will go to this address unless you indicate your e-mail address below, thereby authorizing correspondence, including file and personal information to be provided to the specified e-mail address.
- Your e-mail address, if applicable**
- Your telephone numbers**  

At home	Country code	Area code	Number
	(    )	(    )	(    ) (    ) (    ) (    )
Alternative			(    ) (    ) (    ) (    )
- Details from your passport**  
 Passport number   
 Country of issue   
 Date of expiry 

Day	Month	Year
- Your identity card number, if applicable**
- Where do you intend to live in Canada?**  
 City/Town
- Your current occupation**

**20. Work in Canada**

Have you or, if applicable, your accompanying spouse or common-law partner, previously worked full-time in Canada for at least one year?

No  Yes  You  Your spouse or common-law partner

**21. Study in Canada**

Have you or, if applicable, your accompanying spouse or common-law partner, previously studied full-time for at least two years at a post-secondary institution in Canada?

No  Yes  You  Your spouse or common-law partner

**22. Education**

How many years of formal education do you have?

What is your highest level of completed education?

No secondary  Bachelor's degree  
 Secondary  Master's degree  
 Trade/Apprenticeship  Ph D  
 Non-university certificate/diploma

**23. Language**

Which is your first official language:  English  French

Which is your second official language:  English  French

**Your proficiency in English**

	High	Moderate	Basic	None
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**23. Language (continued)**

**Your proficiency in French**

	High	Moderate	Basic	None
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**24. Do you or, if applicable, your accompanying spouse or common-law partner, have a relative living in Canada who is a citizen or a permanent resident of Canada?**

No  Yes  You  Your spouse or common-law partner

Relationship  Mother or father  Grandmother or grandfather  
 Daughter or son  Granddaughter or grandson  
 Sister or brother  Aunt or uncle  
 Niece or nephew  Spouse or common-law partner

**25. Funds**

Amount of unencumbered transferable and available funds you have in Canadian dollars  \$

**26. Your work experience**

Starting with your current occupation, list your occupations within the 10 years preceding the date of your application. Give for each the appropriate National Occupational Classification code (NOC), the number of years of continuous full-time or equivalent part-time experience and a description of your main duties. List only occupations that fall in Skill Type O or Skill Levels A or B of the NOC. Use additional sheets of paper if there is not enough space on the form.

From	To	Occupation	NOC	Years of experience	Main duties
M	Y	M	Y		
<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 150px; height: 15px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year but less than 2 <input type="checkbox"/> 2 years but less than 3 <input type="checkbox"/> 3 years but less than 4 <input type="checkbox"/> 4 years or more	<input style="width: 150px; height: 15px;" type="text"/>
<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 150px; height: 15px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year but less than 2 <input type="checkbox"/> 2 years but less than 3 <input type="checkbox"/> 3 years but less than 4 <input type="checkbox"/> 4 years or more	<input style="width: 150px; height: 15px;" type="text"/>
<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 150px; height: 15px;" type="text"/>	<input style="width: 40px; height: 15px;" type="text"/>	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year but less than 2 <input type="checkbox"/> 2 years but less than 3 <input type="checkbox"/> 3 years but less than 4 <input type="checkbox"/> 4 years or more	<input style="width: 150px; height: 15px;" type="text"/>

## 27. Details of family members

You must provide the following details about each of your family members, whether they will be accompanying you to Canada or not. **You must include only your spouse or common-law partner, if applicable, and all of your dependent children (natural and/or adopted), and those of your spouse or common-law partner, who are not already permanent residents or citizens of Canada.**

If you have more than three family members, photocopy this page before you start completing it or print it from our Web site at [www.cic.gc.ca](http://www.cic.gc.ca). Make sure you have enough copies to fill in details about all your family members.

	FAMILY MEMBER	FAMILY MEMBER	FAMILY MEMBER
Family name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current country of residence	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other countries with resident status	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marital status (use one of the categories in question 10)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>
Will accompany you to Canada	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport details	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of expiry	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year
Identity card number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native language	<input type="text"/>	<input type="text"/>	<input type="text"/>
Can communicate in English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can communicate in French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of years of formal education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Level of education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Height	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in	<input type="text"/> cm OR <input type="text"/> ft <input type="text"/> in
Colour of eyes	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 28. Declaration and signature

I declare that the information I have given is complete, truthful and correct.	<input type="text"/>
Signature of applicant	Date

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used for the purpose of assessing your application for permanent residence in Canada according to the requirements of the Act. It will be retained in Personal Information Bank CIC PPU 042 entitled immigrant Case File identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at [infosource.gc.ca](http://infosource.gc.ca) and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**