

SECONDARY NOC CODE REQUEST FORM 2026

1. Employer Details

Business Name: _____

Operating Business Name: _____

Designation Number: _____

Priority Sector: _____

Contact Information:

First Name: _____

Last Name: _____

Title: _____

Email: _____

Phone number: _____

2. Request for Secondary NOC

NOC Code: _____

Job Title: _____

Is this person working for you now? Yes No

Start Date:

Wage Rate: _____

Hours per Week: _____

Applicant's Previous Work Experience, up to 10 years:

NOC and Job Title	Location of Employment	Dates worked

3. Reasons for Request

Why does your business require the use of a Secondary NOC code?

What is the economic value to your business of this position and how would the business be impacted if you were not able to retain or hire someone for this position?

Have you considered other programs for retaining/hiring your employee on a work permit or through another permanent resident stream?

Were the local residents (Canadian Citizens and Permanent Residents) considered for this position? Please provide the link(s) to /copy of the job advertisement(s), if applicable

How many foreign national employees do you have at your business (those not permanent residents or citizens)?

Approximately how many positions you are looking to fill with this code in a year?

Please mention the Job Duties/Description for this NOC code (can be attached in the Word format)

Additional pertinent information not covered in the above points (if applicable):

4. Declaration

*This section (declaration and signature) must be completed by hand with pen. Each line of the declaration must be initialed by the person signing the document.

As the Employer:

_____ I declare that use of this NOC code is necessary for my business



_____ I have, and will continue to, considered Canadians and Permanent Residents for positions with my business

_____ I have not charged or solicited money from any of my current or previous employees for job offers or Labour Market Impact Assessments (LMIA)

_____ I have and will continue to pay my employees the stated wages on time and in full, ensuring compliance with BC employment standards, including overtime and statutory holidays.

_____ I understand that any violations of program requirements, including this declaration, the Immigration and Refugee Protection Act (IRPA), or other relevant laws will be met with swift consequences including employer de-designation and formal reports to all relevant government departments.

Name: _____

Title/Occupation: _____

Signature: _____

Date: _____