



## REQUEST FOR BC PNP REFERRAL FROM THE CITY OF TERRACE

**Submission instructions:**  
Send your completed forms to [BCPNP@terrace.ca](mailto:BCPNP@terrace.ca)

<b>A. ENTREPRENEUR CONTACT &amp; BUSINESS INFORMATION</b>		
FIRST NAME:	LAST NAME:	DATE OF BIRTH:
PHONE NUMBER:	EMAIL:	
INDUSTRY GROUP OF PROPOSED BUSINESS (4-DIGIT <a href="#">NAICS</a> ):		PREFERRED DATE OF EXPLORATORY VISIT:
Reason for choosing Terrace to establish your business:		
What settlement supports are you in need of to successfully establish in our community?		
Brief description of proposed business:		

<b>B. ENTREPRENEUR DECLARATION</b>	
By submitting this referral form to the City of Terrace, I acknowledge:	<input type="checkbox"/>
• All information submitted in this form is true to the best of my knowledge	<input checked="" type="checkbox"/>
• I will accept the referral decision of the community unconditionally	<input checked="" type="checkbox"/>
• The City of Terrace may request further information from me before inviting me for a business exploratory visit or making a referral to the Province of British Columbia BC PNP program.	<input checked="" type="checkbox"/>
• A referral from the City of Terrace does not guarantee that I will be invited to apply through the BC PNP's Entrepreneur Immigration – Regional Pilot.	<input checked="" type="checkbox"/>
I consent to the use and disclosure of all business and personal information related to my referral from Terrace to the BC PNP for the purposes of assessing my registration and application to the BC PNP's Entrepreneur Immigration – Regional Pilot.	<input checked="" type="checkbox"/>
FIRST NAME:	LAST NAME:
SIGNATURE:	DATE:

### Attachments

Please attach the following in your submission:

- Self-assessment score from the BC PNP registration system
- Proof of English language proficiency
- Resume