



International Credential Assessment Service of Canada Service canadien d'évaluation de documents scolaires internationaux

Current Accurate Dependable

Application to renew an expired Canadian Immigration Assessment Package

The Canadian Immigration Assessment Package (formerly known as the Federal Skilled Worker Assessment Package) will be accepted by Immigration, Refugees and Citizenship Canada for five (5) years from the date of issue. If your report has expired and you are applying for immigration to Canada, you can apply to renew your assessment.

Your file will be reviewed to confirm that the documents previously presented and the assessment are consistent with current policies. You will be notified by email if additional documents are necessary or if there may be changes to the report.

The Canadian Immigration Assessment Report Renewal Package includes the following:

- Two (2) updated original Assessment Reports
- Electronic copy of the updated report
- Secure electronic access required by Immigration, Refugees and Citizenship Canada (IRCC) of the updated report

Report	Renewed Canadian Immigration Assessment Package	\$ 100.00
---------------	---	-----------

Optional Services

Send by courier:			
	within Canada	add	\$ 25.00
	to the USA	add	\$ 35.00
	to other countries	add	\$ 85.00
	Each extra original report	add	\$ 30.00

Procedures

Before submitting your application to renew your existing Canadian Immigration Assessment Package, please read the following instructions as well as the information which appears on the ICAS website.

1. Complete the application and payment forms. By completing these forms, you are confirming that you have read and accept the procedures and policies for file renewal and the Terms and Conditions including the ICAS Privacy Policy.
3. Submit the application form and payment form to ICAS. If providing payment by credit card, the form can be submitted by mail, courier or by fax. Payment in Canadian funds may also be made by money order or bank draft payable to ICAS of Canada. **ICAS does not accept electronic funds transfers of any type and the application may not be submitted by e-mail.** Fees are non-refundable and are subject to change.

ICAS of Canada, 100 Stone Road West, Suite 102, Guelph ON N1G 5L3 CANADA. Fax (1)-519-763-6964

The preparation of the renewed report begins when the application, payment and any required documents are received in our office. Information about current processing time is available on our website. During peak periods, however, processing times may increase. Personal information collected is used only for preparing your ICAS Assessment Report. No information is released to a third party without your written consent. Your application and the supporting documents are retained for ten years. An electronic copy of your assessment report is retained indefinitely. Complete information about ICAS' Privacy Policy and Terms and Conditions can be found on the ICAS website.

For assistance or further information, please call **(519) 763-7282** or (toll free in Canada) **1 800 321-6021**. We can also be reached by e-mail at **FSW@icascanada.ca** and by fax at **(519) 763-6964**. For more information, you may visit our website.



ICAS File Number _____

Application to Renew Expired Canadian Immigration Assessment Package

Please read the application procedures carefully before completing this form

APPLICANT INFORMATION

Last/Family Name:		Given Name(s):	
Previous Name(s):		Date of Birth: (yyyy/mm/dd)	
Gender Male Female (Please Circle)	E-mail address:		
Current Residential Address Information: (This <u>must</u> be the address where the applicant currently resides.)			
Number and Street		Apartment, Suite or Unit #	Buzzer Code
City	Province / State / Region		
Country	Postal Code		
Telephone (Day)	Telephone (Evening)		

SHIPPING INFORMATION

(Two original reports on ICAS security paper are included.)

Shipping Method: (Please Circle) Regular Mail Courier within Canada Courier to USA Courier International (additional fees apply for courier service)			
Ship To: (Please Circle) My Residential Address Other Address (Enter Below)			
Recipient's Full Name:			
Number and Street		Apartment, Suite or Unit #	Buzzer Code
City	Province / State / Region		
Country	Postal Code		
Telephone	E-mail address		

SHIPPING INFORMATION FOR EXTRA ORIGINAL REPORTS

(If you would like reports sent to more addresses, please attach additional pages with this information)

Number of Extra Originals:
(Additional fees apply) Please specify number required: _____

Shipping Method:
(Please Circle) Regular Mail Courier within Canada Courier to USA Courier International
(additional fees apply for courier service)

Ship To:
(Please Circle) My Residential Address Other Address (Enter Below)

Recipient's Full Name:

Number and Street	Apartment, Suite or Unit #	Buzzer Code
-------------------	----------------------------	-------------

City	Province / State / Region
------	---------------------------

Country	Postal Code
---------	-------------

Telephone	E-mail address
-----------	----------------

Name _____

I understand that it is my responsibility to obtain and provide any documents required for preparation of my updated ICAS Assessment Report. Please note that, at any time during the process, ICAS reserves the right to request official documents forwarded directly to ICAS by the institution or to contact the issuing body for information.

I, _____, am the above applicant
(print name)

I declare that the information provided on my application for preparation of an ICAS Assessment Report is true and accurate.

I have read, and understand, the procedures for the renewal of my ICAS Assessment Report

I have read, and agree to, ICAS' Terms and Conditions including the ICAS Privacy Policy

I authorize ICAS to provide information (including the Assessment Report) to Citizenship and Immigration Canada.

I understand that my personal information is being collected for the purpose of obtaining an Assessment Report for immigration purposes, as authorized by Citizenship and Immigration Canada (CIC). ICAS does not collect this information on behalf of CIC. I hereby authorize ICAS to share my personal information, Assessment Report and enclosed documents with CIC for the purpose of the Federal Skilled Worker Program (FSWP) requirements. I understand that the information shared by ICAS with CIC will be stored in Personal Information Banks (PPU 042 entitled Immigrant Case File and PPU 053 entitled Permanent Resident Data System). The information may be shared with other Canadian government institutions such as the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), and foreign governments in accordance with subsection 8(2) of the Privacy Act. It may also be disclosed to foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions under the terms of an agreement or arrangement for the purposes of validating status and identity to administer their programs. Under the provisions of the Privacy Act and 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 the Infosource website (<http://infosource.gc.ca>) and are also available at public libraries across Canada.

Signed: _____

Date: _____

INFORMATION FOR PAYMENT

Payment may be made in the form of a paper money order or international bank draft in Canadian funds payable to ICAS of Canada. Payment can also be made by VISA, Discover or MasterCard. **ICAS does not accept electronic funds transfers of any type.**

Please complete the following and forward it with your application form.

Services Requested	Fee
Report Upgrade: ___ Renew Expired Canadian Immigration Assessment Package (\$100)	\$ _____
Optional Services: ___ Send by Courier ___ Within Canada (\$25); to USA (\$35); other countries (\$85)	\$ _____
___ Extra Original Reports (\$30 each)	\$ _____
TOTAL FEES	\$ _____

Payment to be made by: ___ Money order ___ Bank Draft ___ Certified Cheque
 ___ VISA ___ MasterCard ___ Discover

Credit Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiry Date (mm/yy) _ _ / _ _
CSV: _____

Cardholder's Name as it Appears on Card (please print) _____

Address _____

Telephone _____

Cardholder's Signature _____

* Note: If the credit cardholder is not the applicant, the cardholder must also complete the information below.

I, (please print) _____, am the credit card holder. I authorize my credit card to be charged the amount indicated above for the purpose of the preparation of an Assessment Report for:
(applicant's name) _____.

I have also read, and agree to, the Terms and Conditions (including the refund policy).

Signed: _____ Date: _____