BRP Referral Letter

Date:

Your Company's BRP Referral Code _____

This Letter's BRP Referral Number _____

Name Of Company _____

Employee's Name _____

Employee's Job Title _____

Employee's Direct Phone Number _____

Employee's Immediate Supervisor _____

Immediate Supervisor's Direct Phone Number _____

Date Employee Started Work at Your Company _____

U.S. Destination _____

Purpose Of Trip _____

_____

By signing below I certify that the above-mentioned person is an employee in good standing and that the information provided on the application form (OF-156) is complete and accurate. I understand that if discrepancies are found the company may be suspended from the Business Referral Program

_____ _____

Printed name of Authorized signer Signature of Authorized Signer