

RENEWAL WORK PERMIT APPLICATION

Ministry of Natural Resources and Labour
Labour Department



Please fill out Parts 1 and 2, print and sign the application. Incomplete applications will not be accepted.

Part 1 (to be completed by the employer)

Name of the Employer/Business _____
 Physical Address _____ Island _____ Postal Code _____
 Mailing Address (if different) _____ Island _____ Postal code _____
 Email _____ Office Phone _____ Cell Phone _____
 Economic Sector _____
 Employee's Occupation _____ Hours of work _____ per week
 Salary \$ _____ per _____ Are there to be any additional benefits? Yes No. If yes, please indicate type and amount _____
 For what period is the permit required? _____
 Total number of employees _____ Number of BVI Islanders/Belongers employed _____ Trade license number relevant to this work permit application: _____, Type _____, Year Issued _____

I apply for a renewal permit to employ the person named in Part 2 of the application and declare that to the best of my knowledge and belief the information provided in this application is true and complete. I understand that it is my responsibility to inform the Labour Department within 14 days if the person leaves the employment or there are any changes in terms of the nature of the job or duties performed by the employee. Should I wish to renew the permit again, I have to submit the renewal application not less than 1 month before the expiry date.

Employer Signature _____ Date DD / MM / YYYY

Part 2 (to be completed by the employee)

Last Name _____ First Name _____ Middle _____ Gender F M
 Previous names if any _____ Date of Birth DD - MM - YYYY
 Social Security Number _____ Nationality _____ Passport No _____
 Date of Expiry ____ - ____ - ____ Email _____ WorkPhone _____ Cell Phone _____
 Physical Address _____ Island _____ Postal Code _____
 Marital Status _____ Are the employment details stated in Part 1 correct? Yes No

I declare that the information provided here is true and complete to the best of my knowledge. Making a false statement will result in the denial of your application. I understand that a permit if renewed is only for the employment specified in this application. Please inform the Department of any changes to the information provided in Part 2 during the duration of this work permit.

Employee Signature _____ Date DD / MM / YYYY

FOR OFFICIAL USE ONLY

Renewal Application Submitted by: Employer/Agent <input type="checkbox"/> Employee <input type="checkbox"/>	Requirements Met: YES <input type="checkbox"/> NO <input type="checkbox"/> Reviewed By: _____	Work permit number: _____ Posted number: _____ Date received: <u>DD</u> / <u>MM</u> / <u>YYYY</u>
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Date processed DD / MM / YYYY Labour officer name and number _____
 Are there any changes in the employment since the previous permit? Yes No. If yes, please describe: _____

Any other considerations: _____

Decision: Approved Denied Approved with a condition _____

Decision made by _____ Signature _____ Decision Date DD / MM / YYYY

CASHIERS:

Date payment received DD / MM / YYYY Amount \$ _____ Payment method _____
 Receipt number _____ Expiration date DD / MM / YYYY