



LABOUR
DEPARTMENT

APPLICATION FORM

RENEWAL WORK PERMIT

The following Documents and Information must accompany the application:

1. *Work Permit Card* must be attached to document, along with one passport sized photo.
2. Each form must be fully completed with all questions answered. Blank spaces or dashes are not acceptable.
3. Where the employer is a company, a stamp or seal must be printed on the application along with the signature of the Manager, or other responsible person, providing the designation of the person is shown.
4. Cover letter from Employer stating intentions for Employee.
5. INCOMPLETE APPLICATIONS WILL BE RETURNED

Thank you for your cooperation

LABOUR DEPARTMENT
HOW MAY I CONTACT YOU?

Please Complete For Work Permit Processing

EMPLOYER

Employer's Full Name: _____

Employer's Telephone No: (H) _____ (W) _____ (C) _____

Employer's Email Address: _____

Employer's Mailing Address: _____

EMPLOYEE

Employee's Current Address: _____

Employee's Social Security No: _____

Employee's Telephone No: (H) _____ (W) _____ (C) _____

Employee's Email Address: _____

**Government of the British Virgin Islands
LABOUR DEPARTMENT**

FIRST SCHEDULE

**APPLICATION UNDER SECTION F5 OF WORK PERMITS DIVISION OF THE VIRGIN
ISLANDS LABOUR CODE ORDINANCE.**

I, of.....

hereby make application for work permit under the provision of the Work Permits Division
of the Virgin Islands Labour Code Ordinance.

The particulars stated below are true and correct: -

- (a) Country of Origin
- (b) Date of Birth
- (c) Training and experience
- (d) Number, date and place of issue of Passport
.....
- (e) Date of arrival in the Virgin Islands
- (f) Period of stay granted by Immigration Authorities
.....
- (g) Place of residence before arriving in the Virgin Islands
.....
- (h) Employer / Intended employer
- (i) Salary / Wage
- (j) (If self-employed) Business, trade, occupation or profession
.....
- (k) Comments
.....

Dated this day of , 20

.....
Signature of Applicant

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SECOND SCHEDULE

ATTACHMENT TO APPLICATION UNDER SECTION F5 OF WORK PERMITS DIVISION OF THE VIRGIN ISLANDS LABOUR CODE ORDINANCE.

I / We, of
hereby request that work permit be issued to
..... of

*The particulars stated below are true and correct to the best of our knowledge,
information and belief: -*

- (a) Nature of employment offered
- (b) Nature of my / our business, trade, profession or occupation
.....
- (c) Rate of pay and conditions of employment offered
.....
- (d) Was vacancy advertised locally? (give details)
.....
.....
.....

.....
Signature
(If a company, stamp and signature of Director)

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