



LABOUR DEPARTMENT

APPLICATION FORM

(RENEWAL)- SELF-EMPLOYED WORK PERMITS

The following Documents and Information must accompany the application:

- (1) Name of Company / Business / Individual
- (2) Is this a company, partnership or only a trade name?
- (3) Mailing Address
- (4) Telephone Number (H).....(W)..... (C).....
- (5) Location of Business
- (6) Nature of work carried on, or proposed to be carried on
- (7) This work permit is being requested in respect of what position?
- (8) Please state the operational requirements of the business
- (9) Please give full details of the staff requirements (positions, duties, job descriptions, salary scales, qualifications, etc).
.....
.....
.....
- (10) Would you be willing and able to train British Virgin Islanders to fill positions within your business?
☐ Yes ☐ No
- (11) Would you be willing and able to hire counter-trainees to positions for which work permits are required? ☐ Yes ☐ No
- (12) **Other requirements**
 - a) Trade License (Please supply copy)
 - b) Certificate of Incorporation (Please supply copy)
 - c) Memorandum of Association (Please supply copy) ? ?

**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

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: _____

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