



LABOUR DEPARTMENT

APPLICATION FOR PERIODIC WORK PERMIT

This list is a summary of general requirements for ALL applicants. The Labour Department reserves the right to request additional information or documentation as deemed fit.

CHECKLIST OF REQUIREMENTS:

- Original application form duly completed, signed and dated by employee and employer. Please do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided. Applications printed double sided on cardstock or coloured paper, with blank spaces, and/or without original employee and employer signatures will not be accepted. The name of the employer listed on the application must coincide with the company name listed on the trade license. The First Schedule of the application should be submitted in triplicate and the Second Schedule in duplicate.
- Where the employer is a company, a stamp or seal must be printed on the application along with the signature of the manager or a representative, indicating the designation of the signatory.
- How May I Contact You page. Please do not leave any question blank. If a question does not apply to you, insert "not applicable" or "n/a" in the space provided.
- Two (2) passport size photographs of the applicant. The photographs must be in colour and taken within the past 12 months. Dimensions of photographs should be between 45mm by 35mm (1.77 inches by 1.38 inches) and 63mm by 50mm (2.5 inches by 2 inches).
- Qualifications of applicant: degrees, diplomas, certificates, résumé, or job letters of reference, etc.
- Signed copy of contract between the employer and applicant, where applicable.
- Copy of the applicant's signature page of passport.
- Job Description outlining the full duties of the position.
- Cover letter signed by the employer or a representative, explaining the need for the employee.
- Valid trade license (**current year**).
- Where the employer is a new company the following documents may be applicable:
 - (a) Memorandum of Association
 - (b) Certificate of Incorporation
- Where the employer recently purchased the business and the employees are continuing employment, evidence must be provided, to the satisfaction of the Labour Commissioner, to show that the matter of the employees' severance payment has been settled.
- \$50.00 non-refundable application fee.

ADDITIONAL REQUIREMENTS BY INDUSTRY:

- **Diver:** Certified PADI (Professional Association of Diving Instructors)/NAVI (Nautical Training) Certificate, Captain license, STCW Certificate
- **Charter Yacht:** STCW (Standards of Training, Certification and Watch-keeping) Certificate, Captain License/Virgin Islands Boat Masters License
- **Financial Services (Bank/Trust/Insurance):** Approval letter or certificate from Financial Services Commission
- **Agriculture/Farming:** Certified copy of certification from the Ministry of Natural Resources and Labour
- **Fishing:** Fishing License from the Ministry of Natural Resources and Labour
- **Communications:** Virgin Islands Telecommunications Regulatory Commission License
- **Domestic:** Employer's proof of ability to pay employee (i.e. Job Letter stating salary or other Statement of Income)
- **Food Establishment (Restaurant/Supermarket):** License from the Ministry of Health & Social Development in accordance with the Public Health and Hygiene Regulations (1972)

ADDITIONAL REQUIREMENTS BY PROFESSION:

- **Lawyer/Solicitor**
 - Certificate of admission to the BVI Bar Association or Commercial Court
 - Certificate of Good Standing
 - Practicing Certificate from BVI
- **Medical Doctor and Dentist**
 - Copy of current Certificate of Registration from the BVI Medical and Dental Council to Practice in the Virgin Islands
 - Approval letter from the Ministry of Health & Social Development
- **Allied Health Professional**
 - Copy of current Certificate of Registration from the Virgin Islands Allied Health Professional Council to Practice in the Virgin Islands
- **Nurse and Nursing Assistant**
 - Copy of current registration card from the Virgin Islands Nurses and Midwives Council to Practice as a Nurse and/or Midwife in the Virgin Islands
 - Copy of current enrolment card from the Virgin Islands Nurses and Midwives Council to practice as a Nursing Assistant
- **Veterinarian and Veterinarian Assistant**
 - Approval letter from the Agriculture Department to practice as a Veterinarian or a Veterinarian Assistant in the Virgin Islands
- **Driver**
 - Copy of valid Driver's License (front and back) and/or Taxi Driver's License
- **Food Handler**
 - Food Handler's Certificate from Environmental Health Division



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 Name: _____

Employee's Current Address: _____

Employee's Social Security No: _____

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

Employee's Email Address: _____



Government of the 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



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)



ATTACHMENT TO APPLICATION
UNDER SECTION F5 OF THE WORK PERMITS DIVISION
OF THE BRITISH VIRGIN ISLANDS LABOUR CODE ORDINANCE, CAP. 293
ADDITIONAL INFORMATION

1. Name of Applicant
2. Present Address
3. Name of Employer Tel.#
4. Contact Person; if other than employer:..... Tel.#
5. Job Title of Applicant
6. Address in B.V.I. where employee will live?
7. Is the employee provided with any of the following benefits?
 room board bonus gratuity
 insurance pension Vehicle (pers. use) other (please state below)
.....
8. Estimated value of benefits, if any
9. Marital Status
10. Name of wife / husband
11. Nationality of wife / husband
12. Present address of wife / husband
13. Number of children
14. Age of each child
15. Present address of each child
16. If family is not in the territory, will family follow

.....
Signature of Employee

.....
Signature of Employer
(If company, please affix stamp or seal in addition to signature of Director)

<p>NOTICE TO EMPLOYERS</p> <p>You are required by section C5 of the Labour Code, to furnish your employee with a 'Statement of Employee's working Conditions'. Please submit a copy of that statement with your application. You may use the attached form as a guide.</p>



NOTICE OF EMPLOYMENT AND STATEMENT OF WORKING CONDITIONS

Employee's Name

Effective Date Job Title

Dear

You are, hereby, employed by:

on the following terms and conditions:

a. General responsibilities and related duties

b. (i) Number of days of work per week number of hours of work:
 Per week Regular Overtime

(ii) Required to work public holidays: Yes No

(iii) Lunch break (please indicate duration and approximate time):
 Other breaks (please indicate type and duration)

c. (i) A. Regular rate of Pay (per hour) (per week) (per month)

B. Overtime Rate of Pay (per hour) (per week) (per month)

C. Other additions to regular rate of pay (Commission, Gratuity, etc.)

(ii) Rate of pay per 8 hour day

d. Term of Employment

e. Period of Probation

f. (i) Vacation Leave (indicate in days per annum)

(ii) Sick Leave (indicate in days per annum)

(iii) Maternity Leave

.....
 Signature of Employee

.....
 Date

.....
 Signature of Employer

.....
 Date

*(If company, please affix stamp or seal in addition to
 Signature of Director)*