



# RENEWAL SELF-EMPLOYED WORK PERMIT APPLICATION

This list is a summary of general requirements for ALL applicants. The Department of Labour and Workforce Development 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 should be printed on white, letter size (8.5" x 11") printer paper. 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.
- Cover letter, duly signed and addressed to the Labour Commissioner, stating the intention of the company.
- One (1) passport size photograph of the applicant. The photograph must be in colour and taken within the past 12 months. Dimensions of photograph should be between 45mm by 35mm (1.77 inches by 1.38 inches) and 63mm by 50mm (2.5 inches by 2 inches).
- Copy of current Work Permit Card.
- Copy of passport page with extension of time from Immigration Department (**if previous time has expired**).
- Valid trade license (**current year**).
- \$50.00 non-refundable application fee (**per application**).

### **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, Recognition of a Non-STCW Certificate from Virgin Islands Shipping Registry for Captains
- **Financial Services (Bank/Trust/Insurance):** Approval letter or certificate from Financial Services Commission
- **Agriculture/Farming:** Approval letter from the Department of Agriculture
- **Fishing:** Fishing License from the Department of Agriculture
- **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)
- **Construction/Landscaping/Cleaning/Security:** Valid signed and dated Contracts/Letters of Intent between the company and the client(s). Signed Contracts/Letters of Intent are considered valid up to 12 months of date listed.

### **ADDITIONAL REQUIREMENTS BY PROFESSION:**

- **Lawyer/Solicitor**
  - Certificate of Admission to the BVI Bar Association
  - 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 Department of Agriculture 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
- **Hairdresser/Cosmetologist/Barber**
  - Certificate of completion from a reputable learning institution deeming the applicant proficient to conduct chemical processing services (i.e. hair dyeing, perming, facial hair tinting, etc.). Hair braiding services are excluded.



**ADDITIONAL INFORMATION REQUIRED  
IN CONNECTION WITH THE APPLICATION  
UNDER SECTION F5 OF THE WORK PERMITS DIVISION  
OF THE VIRGIN ISLANDS LABOUR CODE ORDINANCE, CAP. 293**

- (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).  
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- (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



**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 .....

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**Signature of Applicant**