



WORK PERMIT EXEMPTION APPLICATION FORM

Please select the application category being applied for:-

- Exemption by Marriage** (Fill Sections I & II)
- Exemption by Residing Consecutively (15yrs)** (Fill Sections I & III)
- Exemption by Ministers Discretion** (Fill All Sections)

APPLICABLE FEES

NEW
(non-refundable)

- Application Fee - \$100.00
- Processing & Card Fee - \$400.00

RENEWALS
(non-refundable)

- Application Fee - \$100.00
- Processing & Card Fee - \$400.00

Please select the type of application being applied for:-

- New
- Renewal

REQUIRED DOCUMENTS

All Applicants

- One (1) Passport Sized Photo
- One (1) **original** police certificate (local only)
- Copy of your Passport Biography Page
- Letter of Proof of Entry and Consecutive Residence in the BVI (from BVI Immigration Department only)
- Copy of Work Permit Card (if applicable)
- Certificate of Earning from the Department of Inland Revenue
- Certificate of Earning from Social Security
- Job letter

Exemption by Marriage Applicants

- Original** or **certified copy** of Marriage Certificate
- Evidence that your spouse is a BVIslander/Belonger (i.e. copy of profile page and Governor's Seal in passport; copy of Virgin Islands Belonger's Card; or copy of Naturalization Certificate (**Note:** Belonger's Card or Naturalization Certificate is to be accompanied by a local photo ID))

Exemption by Residing Consecutively

- All that apply

Ministers Discretion

- One (1) Character Reference Letter (A copy of a BVI Passport, Belonger Card or Naturalization Certificate is required as proof. **Note:** Belonger's Card or Naturalization Certificate is to be accompanied by a local photo ID.)
- All that apply

SECTION I - PERSONAL INFORMATION

Name:			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Previous Name:			
Date of Birth:			
	<i>Day</i>	<i>Month</i>	<i>Year</i>
Place of Birth:			
Age:			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other		
No. of Dependents:			
Social Security No.:	NHI No.:	Work Permit No.:	
Mobile No.:			
Email Address:			
Physical Address:			
Name of Character Reference:			
List of Charitable Organizations	1.		
	2.		
	3.		
	4.		
	5.		

SECTION II – MARRIAGE

Name of Spouse:			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Nationality of Spouse at Birth:			
Date of Marriage:			
Country of Marriage:			
SPOUSE'S SIGNATURE:			DATE:

SECTION III - EMPLOYEMENT

Place of Employment:			
Address of Business:			
Contact No.:			
Position Held:			
Date of Employment:			
Annual Income:			
Previous Place of Employment:			
Position Held:			
Date of Employment:	Began	Ended	
Name of Current Employer:			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
EMPLOYER'S SIGNATURE:			DATE:

By signing, I acknowledge that all information provided (entailed or attached) herein is true and accurate, to the best of my knowledge.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

Receiving Officer			
Receiving Officers Comments:			
Processing Officer			
Processing Officers Comments:			
Verification of Labour Status:		Expiration of Current Work Permit:	
Verification of Immigration Status:	_____ No. Years Residing in the BVI		
Minister			
Ministers Comments:			
Minister's Decision:	<input type="checkbox"/> Approved		<input type="checkbox"/> Denied
No. of Years Approved:	1 Year <input type="checkbox"/>	2 Years <input type="checkbox"/>	3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 6 Years <input type="checkbox"/>
Minister's Signature: _____			

