

THE IMMIGRATION AND PASSPORT ACT, CHAP. 18:01 OF 1990  
**APPLICATION FOR PERMIT TO RESIDE/WORK IN DOMINICA**

NAME OF APPLICANT (IN FULL): \_\_\_\_\_

AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

CHILDREN: \_\_\_\_\_

NAMES AND AGES OF CHILDREN BELOW THE AGE OF 18 YEARS ACCOMPANYING YOU:

\_\_\_\_\_

\_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT TELEPHONE No(s): \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NATIONALITY: \_\_\_\_\_ AT BIRTH IF DIFFERENT: \_\_\_\_\_

DATE AND PLACE OF BIRTH: \_\_\_\_\_

PASSPORT No.: \_\_\_\_\_ PLACE OF ISSUE: \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

POLICE RECORD: \_\_\_\_\_

REASONS FOR WISHING TO SETTLE HERE: \_\_\_\_\_

HAVE YOU BEEN OFFERED EMPLOYMENT?: \_\_\_\_\_

NAME OF FIRM OR AGENCY MAKING OFFER: \_\_\_\_\_

HAVE YOU ANY SPECIAL SKILLS OR TRAINING?: \_\_\_\_\_

PROFESSIONAL OR OTHER QUALIFICATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COPIES OF PROFESSIONAL CERTIFICATES, ETC.: \_\_\_\_\_

DEPOSIT FOR PASSAGE: \_\_\_\_\_ CAN YOU MEET THIS?: \_\_\_\_\_ RETURN TICKET: \_\_\_\_\_

STATE NO. OF PREVIOUS PERMIT: \_\_\_\_\_

RECEIPT No. FOR APPLICATION FEE: \_\_\_\_\_

SCHEDULED DATE OF ARRIVAL: \_\_\_\_\_

EXTENSION OF STAY VALID UNTIL: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

