



DOL CHECK LIST FORM

DETAILS ABOUT THE CATEGORIES OF WORK PERMIT (FEES & VALIDATION PERIOD):

<p>Work Permit Exemption (Short Term)</p> <ul style="list-style-type: none"> ○ Application Fee : 20 000Vt ○ Work Permit Tax: 10 000Vt ○ Validity Period of Work Permit: One (1) Week to One (1) Month. ○ Not Renewable. 	<p>Temporary Work Permit (Short Term)</p> <ul style="list-style-type: none"> ○ Application Fee: 20 000Vt ○ Work Permit Tax: 40 000Vt ○ Validity Period of Work Permit: One (1) Month up to Four (4) Months. ○ Not Renewable. 																						
<p>Permanent Work Permit for One Year (New & Renewal)</p> <ul style="list-style-type: none"> ○ Application Fee: 20 000Vt ○ Work Permit Tax: 180 000Vt ○ Validity Period of Work Permit: One (1) year. ○ Renewable each year and only up to four (4) Years. 	<p>Religious Institution Work Permit (Long Term)</p> <ul style="list-style-type: none"> ○ Application Fee: 20 000Vt ○ Work Permit Tax: Exempted ○ Validity Period of Work Permit: One (1) Year ○ Renewable each Year. 																						
<p>Change of Employer (Long Term)</p> <ul style="list-style-type: none"> ○ Application Fee: 20 000Vt ○ Work Permit Tax: 180 000Vt ○ Validity Period of Work Permit: One (1) year) ○ Renewable each year and and only up to four (4) years. 	<p>Change of Occupation/ Employment Status (Only apply for renewal work permit)</p> <ul style="list-style-type: none"> ○ Application Fee: 20 000Vt ○ Work Permit Tax: 180 000Vt ○ Validity Period of Work Permit: One (1) year) ○ Renewable each year and and only up to four (4) years. 																						
<p>Transfer/ Replacement Work Permit (To replace a cancellation of work permit).</p> <ul style="list-style-type: none"> ○ Application Fee: 20 000Vt ○ Work Permit Tax: Exempted ○ Validity Period of Work Permit: Unused period stated in the cancellation Letter. ○ Renewable. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">PLEASE TICK ONE ONLY (<input type="checkbox"/>)</td> </tr> <tr> <td style="width: 25%;">Exemption</td> <td style="width: 25%;"><input type="checkbox"/></td> <td style="width: 25%;">Change of Occupation</td> <td style="width: 25%;"><input type="checkbox"/></td> </tr> <tr> <td>Temporary</td> <td><input type="checkbox"/></td> <td>Replacement Work Permit</td> <td><input type="checkbox"/></td> </tr> <tr> <td>New work permit (1 year)</td> <td><input type="checkbox"/></td> <td colspan="2" rowspan="4"></td> </tr> <tr> <td>Renewal (1 year)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Religious Institution</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Change of Employer</td> <td><input type="checkbox"/></td> </tr> </table>	PLEASE TICK ONE ONLY (<input type="checkbox"/>)				Exemption	<input type="checkbox"/>	Change of Occupation	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Replacement Work Permit	<input type="checkbox"/>	New work permit (1 year)	<input type="checkbox"/>			Renewal (1 year)	<input type="checkbox"/>	Religious Institution	<input type="checkbox"/>	Change of Employer	<input type="checkbox"/>
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NOTE: THE FEES APPLICABLE FOR THE WORK PERMIT TAX AND APPLICATION FEE ARE NOT REFUNDABLE IF APPLICATION IS REFUSED.

CHECK REQUIRMENTS FOR SHORT TERM WORK PERMIT:

EXEMPTION WORK PERMIT	TEMPORARY WORK PERMIT
Date Accepted:	Date Accepted:
Officer Accepting:	Officer Accepting:
Work Permit Tax Paid: YES / NO	Work Permit Tax Paid: YES / NO
Cash:	Cash:
Government Cashier Receipt No:	Government Cashier Receipt No:
1 Passport Size Photo Provided: YES / NO	1 Passport Size Photo Provided: YES / NO
Cover Letter Explanation Provided: YES / NO	Cover Letter Explanation Provided: YES / NO
Copy of Flight Itinerary Provided: YES / NO	Copy of Flight Itinerary Provided: YES / NO
Copy of Passport Provided: YES / NO	Copy of Passport Provided: YES / NO
Status of Visa (Business Visa): YES / NO	Status of Visa (Business Visa): YES / NO
Copy of Residency Permit for Residents : YES / NO	Copy of Residency Permit for Residents: YES / NO

TRANSFER/ REPLACEMENT OF WORK PERMIT
Date Accepted:
Officer Accepting:
Application Fee Paid: YES / NO
Work Permit Tax Paid: Exempted
Government Cashier Receipt No:
Cover Letter Explanation Provided: YES / NO
Position Advertised: YES / NO
2 Passport Size Photo Provided: YES / NO
Qualifications and References Copies: YES / NO
Copies of Written Contract Provided: YES / NO
Letter of a Job Description
Identification of a Local Counterpart: YES / NO
Counterpart's Training Plan Provided: YES / No
Local Counterpart's National Card / VNPF Card / or Copy of Passport: YES / NO
Interview Report Provided: YES / NO
Copy of Residence Permit Provided: YES / NO
Copy of Passport Provided: YES / NO
Copy of Police Clearance: YES / NO
Business Licence Provided: YES / NO
VFIPA Certificate Provided: YES / NO

CHECK REQUIRMENTS FOR RELIGIOUS INSTITUTION WORK PERMIT:

RELIGIOUS INSTITUTION WORK PERMIT	
Date Accepted:	Qualifications and References Copies: YES / NO
Officer Accepting:	Copy of Residence Permit Provided: YES / NO
Application Fee Paid: YES / NO	Copy of Passport Provided: YES / NO
Work Permit Tax: Exempted	
Government Cashier receipt No:	
Cover Letter Explanation Provided: YES / NO	
Work Permit Card Attached for Renewal: YES / NO	
2 Passport Size Photo Provided: YES / NO	

CHECK REQUIRMENTS FOR LONG TERM WORK PERMIT:

NEW APPLICATION OF ONE YEAR WORK PERMIT	RENEWAL WORK PERMIT (ONE YEAR)
Date Accepted:	Date Accepted:
Officer Accepting:	Officer Accepting:
Application Fee Paid: YES / NO	Application Fee Paid: YES / NO
Work Permit Tax Paid: YES / NO	Work Permit Tax Paid: YES / NO
Government Cashier Receipt No:	Government Cashier Receipt No:
Cover Letter Explanation Provided: YES / NO	Cover Letter Explanation Provided: YES / NO
Position Advertised: YES / NO	Original Work Permit Card Provided: YES / NO
2 Passport Size Photo Provided: YES / NO	Position Advertised: YES / NO
Qualifications and References Copies: YES / NO	Copies of Written Contract Provided: YES / NO
Copies of Written Contract Provided: YES / NO	Letter of a Job Description
Letter of a Job Description	Identification of a Local Counterpart: YES / NO
Identification of a Local Counterpart: YES / NO	Counterpart's Training Plan Provided: YES / No
Counterpart's Training Plan Provided: YES / No	Local Counterpart's National Card / VNPf Card / or Copy of Passport: YES / NO
Local Counterpart's National Card / VNPf Card / or Copy of Passport: YES / NO	Copies of all applicants applying for the Position: YES / NO
Copies of all applicants applying for the Position: YES / NO	Copy of Residence Permit Provided: YES / NO
Interview Report Provided: YES / NO	Copy of Passport Provided: YES / NO
Copy of Residence Permit Provided: YES / NO	Copy of Police Clearance: YES / NO
Copy of Passport Provided: YES / NO	Business Licence Provided: YES / NO
Copy of Police Clearance: YES / NO	VFIPA Certificate Provided: YES / NO
Covid-19 Vaccination Certificate provided: YES / NO	VFSC Certificate Provided: YES / NO
Business Licence Provided: YES / NO	
VFIPA Certificate Provided: YES / NO	
VFSC Certificate Provided: YES / NO	

CHANGE OF EMPLOYER AND CHANGE OF OCCUPATION	
Date Accepted:	Copy of Residence Permit Provided: YES / NO
Officer Accepting:	Copy of Passport Provided: YES / NO
Application Fee Paid: YES / NO	Copy of Police Clearance: YES / NO
Work Permit Tax Paid: YES / NO	Business Licence Provided: YES / NO
Government Cashier Receipt No:	VFIPA Certificate Provided: YES / NO
Cover Letter Explanation Provided: YES / NO	VFSC Certificate Provided: YES / NO
Original Work Permit Card Provided Or Cancellation Letter: YES / NO	
Position Advertised: YES / NO	
Copies of Written Contract Provided: YES / NO	
Letter of a Job Description	
Identification of a Local Counterpart: YES / NO	
Counterpart's Training Plan Provided: YES / No	
Local Counterpart's National Card / VNPf Card / or Copy of Passport: YES / NO	
Copies of all applicants applying for the Position: YES / NO	

TO BE FILLED OUT BY APPLICANT or AGENT

INCOMPLETE FORMS WILL NOT BE CONSIDERED

APPLICANT DETAILS

Surname:	First Name:
Nationality:	
Telephone No:	
Email Address:	
Postal Address:	
Residency Status: Expatriate Residence / Oversea Resident	
Country of Residence:	
Marital Status: MARRIED / SINGLE / DE FACTOS	
Religion:	
If Expatriate Resident:	
• Provide Resident Permit No: _____	
• Date of Issued: _____	
• Date Expired: _____	
If Overseas Resident:	
• Police Clearance Provided: YES / NO	
Proposed occupation:	

EMPLOYER DETAILS

Legally Registered Name (in full):
Trading Name (if Used):
Type of Business:
Postal Address:
Email address:
Telephone No :
Fax No:
Total Number of Work Permit Holder:

LIST OF COMPANY OWNER

NAME	SHARES HELD	POSTAL ADDRESS

AGENT DETAILS (If an agent is being used)

Legally Registered Name (in Full):
Trading Name (if Used):
Postal Address:
Email Address:
Telephone No:
Fax N ^o :

DETAILS OF WORK PERMIT
(if applicant currently hold an existing work permit)

Type of Work Permit: Exemption / Temporary / One Year Permit
Date Work Permit Issued: / / Date Work Permit Expires: / / Work Permit N ^o :
Date Work Permit Issued: / / Date Residency Expire: / / Residency Permit N ^o :
How many Extensions: Renewals have been Issued:
Has a Local Counterpart been identified for training of this Post: YES / NO
If Yes, Please Specify details of training below:

STATEMENTS

APPLICANT:

I(Name/Position).....
declare that the above information is true to the best of my knowledge. I Fully understand and agree that if I provide wrong or false information, this may lead to refusal and revocation of my work permit by the commissioner of labour.

Signature:.....Date:.....

Witness Signature and Initial (HR manager) :.....

Ni-Vanuatu Counterpart Signature and Initial:.....

AGENT:

I(Name/Position).....
declare that the above information is true to best of my knowledge. I Fully understand and agree that if I provide wrong or false information, this may lead to refusal and revocation of my work permit by the commissioner of labour.

Signature:.....Date:.....

Witness Signature and Initial (HR manager):.....

Ni-Vanuatu Counterpart Signature and Initial:.....

[OFFICIAL USE ONLY]

CHECKLIST OF OTHER APPROVALS RELATING TO THIS APPLICATION

DEPARTMENT	DATE RECEIVED	DATE COMPLETE	REMARKS
Work Permit Officer			
M & T Officer			
SLO – M & T			

THIS PART IS RESERVED ONLY FOR THE COMMISSIONER OF LABOUR

Application APPROVED / REFUSED on (Date):.....

Comments:

.....
.....
.....
.....
.....

Signature: _____

**Murielle MELTENOVEN
Commissioner of Labour
& Director of Employment Services**