

RESIDENCE PERMIT

(Form L.I. 02)

OTHER PARTICULARS TO BE SUPPLIED WITH RESIDENCE APPLICATION
FORM (L.I. 01 & 07)

All non-Nationals above the age of 18 years ***MUST*** complete application form ***IN DUPLICATE***.

Applicants ***MUST*** in addition supply the following particulars with this form:

1. A Medical Certificate that the applicant is in good health and has not in the past three years suffered from any communicable disease (*Form Attached*)
2. Two testimonials one of which shall be from the last employer.
3. A statement of financial position from a reputable banker from applicant or person accepting Responsibility for applicant.
4. A statement from the Commissioner of Police of the applicant's home state setting out the applicant's police record. (*not exceeding 3 months*)
5. Proof that the applicant has a return ticket to his normal place of residence or has made a deposit to cover the cost of such ticket.
6. Two (2) passport size photographs/valid passport (passport must be valid up to 6 months)
7. Application fee \$250.00 (*Caricom Members*) OR \$800.00 (*Non-Caricom*) to be paid at Treasury.
8. Treasury receipt as proof of payment of application fee.
9. Letter from applicant's friend/family accepting responsibility for applicant while in Dominica.
10. Marriage Certificate.
11. Cover letter from applicant requesting permit.
12. Extension of stay from Immigration Police Department is required during the period that application is being processed.

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



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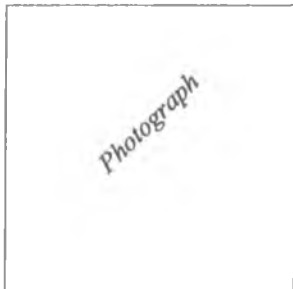
RECEIPT NO. FOR APPLICATION FEE: _____

SCHEDULED DATE OF ARRIVAL: _____

EXTENSION OF STAY VALID UNTIL: _____

Signature of Applicant

Date



MEDICAL EXAMINATION OF APPLICANTS FOR RESIDENCE/WORK PERMIT		Place						
		Date of Examination						
At the request of the Ministry of Labour Dominica		City	Country					
I certify on the above date I examined	Name		Age					
	Who bears passport No.		Sex					
		Issued By	On					
<p>I examined specifically for evidence of any of the following conditions:</p> <p><u>CLASS A:</u></p> <p style="margin-left: 40px;">DANGEROUS CONTAGIOUS DISEASES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p style="margin-left: 40px;">Chancroid Gonorrhoea Granuloma inguinale Leprosy, infectious</p> </td> <td style="width: 50%; vertical-align: top;"> <p style="margin-left: 40px;">Lymphogranuloma Syphilis, infectious stage Tuberculosis, active HIV</p> </td> </tr> </table> <p style="margin-left: 40px;">MENTAL CONDITIONS:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p style="margin-left: 40px;">Mental retardation (mental deficiency)</p> <p style="margin-left: 40px;">Insanity</p> </td> <td style="width: 33%; vertical-align: top;"> <p style="margin-left: 40px;">Previous occurrence of one or more attacks of insanity</p> <p style="margin-left: 40px;">Psychopathic personality Sexual deviation</p> </td> <td style="width: 33%; vertical-align: top;"> <p style="margin-left: 40px;">Mental defect Narcotic drug addiction Chronic alcoholism</p> </td> </tr> </table> <p><u>CLASS B:</u></p> <p style="margin-left: 40px;">Physical Defect, Disease, or Disability serious in degree or permanent in nature amounting to a substantial departure from normal physical well-being.</p> <p><u>CLASS C:</u></p> <p style="margin-left: 40px;">Minor Conditions</p>				<p style="margin-left: 40px;">Chancroid Gonorrhoea Granuloma inguinale Leprosy, infectious</p>	<p style="margin-left: 40px;">Lymphogranuloma Syphilis, infectious stage Tuberculosis, active HIV</p>	<p style="margin-left: 40px;">Mental retardation (mental deficiency)</p> <p style="margin-left: 40px;">Insanity</p>	<p style="margin-left: 40px;">Previous occurrence of one or more attacks of insanity</p> <p style="margin-left: 40px;">Psychopathic personality Sexual deviation</p>	<p style="margin-left: 40px;">Mental defect Narcotic drug addiction Chronic alcoholism</p>
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<p>(CHECK NUMBER (1) BELOW OR COMPLETE NUMBER (2))</p> <p>My examination, including the X-ray and other reports below, revealed:</p> <p>(1) No defect, disease, or disability.</p> <p>(2) Defect, disease, or disability, or previous occurrence of one or more attacks of insanity, as follows (give class — A, B, or C — diagnosis, and permit details*):</p>								
<p>Chest X-ray report.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: right;">From Dr.</p> <p>Blood serological report From Dr.</p> <p>Other special report(s) when needed</p> <p style="text-align: right;">From Dr.</p>								
Signature of Medical Technical Advisor		TITLE	DATE OF FINAL REPORT					

*Continue on reverse side if necessary