



# CERTIFICATE OF EARNINGS APPLICATION WORK PERMIT RENEWAL

Processing Fee

\$20

Name: \_\_\_\_\_

Date: \_\_DD \_\_MM \_\_\_\_YYYY

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_

NHI Number: \_\_\_\_\_

Purpose of application: {please tick (✓) the appropriate box}.

## Appointment Date

Naturalization

☐

\_\_DD \_\_MM \_\_\_\_YY

BVI Immigration

☐

BVI/UK Registration

☐

\_\_DD \_\_MM \_\_\_\_YY

BVI Labour

☐

US Immigration

☐

\_\_DD \_\_MM \_\_\_\_YY

Personal Records

☐

Other (please specify):

\_\_\_\_\_

Addressee:

\_\_\_\_\_

Period being requested

\_\_\_\_\_ to \_\_\_\_\_

## List employer for last 5 years

Name of Employer	Date of Employment

(If additional space is required, please use the back of this application form.)

Signature: \_\_\_\_\_

### For Official Use Only:

ID Attached: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Period: \_\_\_\_\_

Letter: ☐ System Printout: ☐

