

Application for a first-time residence permit

To be filled in by foreign nationals included under the EEA Agreement or the EFTA Convention
Providing substantially incorrect or clearly misleading information is a punishable offence,
cf. the Immigration Act of 24 June 1988 no. 67 § 47 first paragraph (b).

1	Before completing this form, please read the instructions provided. The application must be filled out legibly and completely. Please use block letters.		3	Passport photo:	
	UDI Reference number:			If the application is submitted to a Foreign Service Mission, two photos shall be enclosed, showing what the applicant looks like today. If the application is submitted to the police, only one picture is required.	
Found in previous decisions or stamps in travel document.					
2	The application has been submitted:				
	To Norwegian Foreign Service Mission:				
	Police district:				
4	Reference number of the Foreign Service Mission:				
	Personal information: (personal names shall have the same spelling as in the travel document)				
	Family name:	Date of birth (day, month, year):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	Given name:	If applicable, Norwegian social security number:			
	Middle name:	Place of birth:			
5	If applicable, previous family name:		Country:		
	Occupation:	Citizenship:			
	Marital status:				
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Cohabitant <input type="checkbox"/> Registered same-sex partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/widower					
Last change in marital status took place:		Date:	Place:		
6	Travel document/identification document:				
	Type of document:	Number:	Country:		
	Issued (where):	Issued date (day, month, year):			
	Issued by:	Valid until (day, month, year):			
	Other persons entered in the travel document:				
7	Last address outside Norway:				
	Street/road, number:	Postal code:	Postal place:		
	Country:	Telephone number:			
	Date of moving to this address:				
8	Previous stay(s) in Norway:				
	When? From - until:		What was the purpose?		
9	Fingerprints: (to be filled out by public authorities)				
	Fingerprints taken:		Pursuant to the Immigration Act, Section 37, third paragraph, letter:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d			
	Sent to the National Bureau of Crime Investigation (KRIPOS):		<input type="checkbox"/> Extended search		
Which countries:					

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Reason for residence/Connection with Norway:	
<i>If your reason for residence in Norway is one of the following, please tick one of the items below. See also regarding enclosures etc. below:</i>	
<input type="checkbox"/> Work (Item 10a)	<input type="checkbox"/> Receiving services (Item 10d)
<input type="checkbox"/> Business enterprise (Item 10b)	<input type="checkbox"/> Permanent periodic benefits (Item 10e)
<input type="checkbox"/> Providing services (Item 10c)	<input type="checkbox"/> Studying (Item 10f)
<input type="checkbox"/> Family reunification (Item 10g)	<input type="checkbox"/> Continued residence (Item 10h)
<input type="checkbox"/> Continued residence for family member (Item 10i)	
Duration of residence: From - until	Date of arrival:
Foreign national with reasons 10 b, c, d, e, f or g:	
How do you obtain financial support for your stay?	What funds are at your disposal during your stay?
<i>Please enclose documentation. For reason 10 g, see instructions.</i>	
Foreign national with reasons 10 e, f or g:	
<i>Documentation of medical insurance must be enclosed. For reason 10 g, see instructions.</i>	
Foreign national with reasons 10 g and i must state:	
Name of principal person:	Date of birth:
Address of principal person:	Kinship:
10 A The purpose of the stay is employment:	
<i>If you have more than one occupation, please specify in an enclosure.</i>	
Company name/Employer's name:	
Employer's address:	
<i>Please fill in and enclose a copy of the form "Ansettelsesbevis" (Proof of employment).</i>	
10 B The purpose of the stay is to run a business enterprise:	
<i>Please enclose a description of the enterprise and documentation of permits required from any other authority/authorities.</i>	
10 C The purpose of the stay is to provide services:	
<i>Please enclose a description of the activity and documentation of the assignment.</i>	
10 D The purpose of the stay is to receive services:	
<i>Please enclose a description and documentation of the services. The description must specify the price charged for the service.</i>	
10 E Residence permit to foreign national receiving permanent periodic benefits:	
<i>See above under Item 10.</i>	
10 F The purpose of the stay is studying:	
<i>Proof of admittance and plan for studies <u>must</u> be enclosed.</i>	
10 G The purpose of the stay is family reunification:	
Duration of the principal person's residence permit:	
<i>Please enclose documentation of family connection (kinship), e.g. birth certificates.</i>	
<i>In case of family reunification with an employed person, please enclose proof of housing.</i>	
<i>For certain other groups, adequate housing may be prerequisite, see instructions.</i>	
<i>See instructions on documentation of maintenance and of belonging to a household.</i>	
10 H The purpose of the stay is continued residence for employed and self-employed persons on new grounds:	
How long have you been living in Norway? From - until:	
<i>Please enclose documentation</i>	
Reasons for interruptions, if any, in this stay:	
<i>Please enclose documentation, if any</i>	
How long have you been working in Norway? From - until:	Within the territory of another EEA State? From - until:
<i>Please enclose documentation</i>	
Have you been involuntary unemployed?	If yes: From - until:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>To be filled in by persons with a permanent occupational disability: Please enclose documentation, if any, of occupational injury, occupational illness and pension</i>	
Is the reason an occupational injury or occupational illness?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you been granted a pension in Norway?	When were you granted a pension?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>To be filled in by persons in paid employment in another EEA State while living in Norway:</i>	
How frequent are your stays in Norway?	<i>Please enclose documentation of employment, pay and housing.</i>

10	The purpose is continued residence for a family member:			
	<i>Please enclose certification confirming kinship. Please enclose documentation such as a Certificate of Residence from the Population Register, to show that the applicant is residing with the principal person.</i>			
	If the principal person is deceased:			
	Had the principal person been living in Norway continuously for at least two years?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Did the principal person die as a result of an occupational accident?			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is the surviving spouse a Norwegian citizen?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Please enclose documentation, see instructions.</i>				
11	Where in Norway will you be living?			
	Street/road, number:			
	Post code/Postal district:	Phone number:		
12	Do you have any prior convictions? If so, state:			
	When and where were you convicted?			
	What type of offence was involved, and what was the penalty?			
	Has the sentence been served, the fine paid or is the probation period over?			
13	Accompanying children under 18 included in the application:			
	Family name:	Given name:	Date of birth:	UDI Reference number:
	Family name:	Given name:	Date of birth:	UDI Reference number:
	Family name:	Given name:	Date of birth:	UDI Reference number:
	Family name:	Given name:	Date of birth:	UDI Reference number:
	Family name:	Given name:	Date of birth:	UDI Reference number:
14	Notification of decision:			
	<i>Alt. 1 The application is filled from Norway, or the applicant wants to come to Norway before the application is decided:</i>			
	I would like notification of the decision to be sent to the following address in Norway			
	<i>Alt. 2 The applicant is staying outside Norway:</i>			
	I would like notification of the decision to be sent to the Norwegian service mission in:			
The Norwegian foreign service mission should send the notification to (address):				
15	Power of attorney: <i>To be filled out if the applicant wishes to be represented by a person in Norway during the application process.</i>			
	<i>In accordance with Section 12 of the Public Administration Act, I hereby authorise</i>			
	Name:			
	Address:			
<i>to act on my behalf in connection with my application. I ask that both I and my representative be informed about the decision.</i>				
16	I hereby confirm that the above information is correct:			
	<i>For applicants under 18 years of age, consent from both parents is required.</i>			
	Place:	Date:	Applicant's signature:	
	Place:	Date:	Signature of parent/guardian:	
	Place:	Date:	Signature of parent/guardian:	
<i>Some of the information on this form will be registered in a computer register. A person who has provided information which may be registered has right of access, cf. the Personal Data Act of 14 April 2000 no. 31, section 18. This right entails that you, as a main rule, are entitled to know what information has been registered about you.</i>				