

# Application for a first-time residence permit or work permit

It is a punishable offence to give significantly incorrect or clearly misleading information, cf. Immigration Act, act no. 64 of 24 June 1988, section 47, first paragraph, sub-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.		Stamp from Foreign Service Mission confirming that the application has been received:	
	Have you previously applied for a permit in Norway? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	The Directorate of Immigration's reference number from previous application (if any):		<b>3</b> <b>Passport photo:</b>  <i>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.</i>	
	<b>The application has been submitted:</b>			
	To Norwegian Foreign Service Mission:			
	Police district:			
4	Reference number of the Foreign Service Mission:		<b>4</b> <b>Personal information:</b> (personal names shall have the same spelling as in the travel document)	
	Family name:	Citizenship:		
	Given name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Middle name:	Place of birth:		
5	If applicable, previous family name:		Date of Birth:	
	Country:			
5	<b>Marital status:</b>			
	<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			
6	Last change in marital status took place:		Date:	
	Street/road, number:		Postal code/place:	
	Country:		Telephone number:	
7	<b>Travel document/identification document:</b>			
	Document type:		Number:	Country:
	Issued where:		Issued date (day, month, year):	
	Issued by:		Valid until (day, month, year):	
	Other registered in the travel document:			
8	<b>Ethnicity:</b>		9	10
11	<b>Occupation:</b>		<b>Language:</b>	
12	<b>Previous stay(s) in Norway:</b>			
	When:			
	What was the purpose:			
12	<b>Fingerprints:</b> (to be filled out by public authorities)			
	Fingerprints taken: <input type="checkbox"/> Yes <input type="checkbox"/> No		Pursuant to the Immigration Act, Section 37, third paragraph, letter: <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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Extended search		Which countries:	

13	<b>Reason for residence:</b> <i>Tick the reason(s) which apply. Please refer to the instructions first.</i>	
	Residence permit in order to accompany/ be reunited with close family members in Norway. <input type="checkbox"/>	Work permit in order to accompany/ be reunited with close family members in Norway. <input type="checkbox"/>
	Residence permit for parents visiting family in Norway for up to nine months. <input type="checkbox"/>	Work permit for seasonal work up to six months. <input type="checkbox"/>
	Residence permit for other reason. <input type="checkbox"/>	Work permit for other reason <input type="checkbox"/>
14 A	<b>Reason for residence is employment</b> ( <i>applicable only if you have an offer of employment</i> ):	
	Company name/employer's name:	
	Address:	
	Telephone number:	Employer's registration number:
	What type of work will you be doing?	
	How long will the employment last?	
	What educational background do you have? Please enclose school leaving certificates etc.	
What work experience or qualifications do you have?		
Do you want your application to be considered in accordance with your:		
<input type="checkbox"/> Education <input type="checkbox"/> Work experience or qualifications		
<i>Please complete and enclose the form entitled "Offer of employment" (Arbeidstilbud).</i>		
14 B	<b>Reason for residence is family reunification:</b>	
	Name of principal person:	Given name: Kinship:
	Address:	Telephone number:
	Date of Birth:	The Directorate of Immigration's reference number:
<i>Please enclose documentation of family connection (kinship), e.g. birth certificates.</i>		
14 C	<b>Other reason for residence:</b>	
	<i>Please enclose documentation confirming the reason for residence you have stated.</i>	
15	<b>Duration of the stay:</b>	
	For what time period are you applying for a residence/work permit?	
	<input type="checkbox"/> One Year <input type="checkbox"/> Other duration: .....	
Entry/planned entry into Schengen area (date):		
16	<b>Where are you going to live in Norway?</b>	
	<i>Documentation showing that the applicant has a place to live must be enclosed, for example a tenancy agreement.</i>	
	Street/road, number:	
	Postal code/place:	Telephone number:
	If the place of abode is not in the same city as the place of work, state why:	
If you are going to live with relatives, state kinship:		
17	<b>Financial support in case of family reunification:</b>	
	How will you finance your period of residence:	
<i>Please enclose documentation confirming that you already have the necessary financial means, or will receive a loan or grant, or will be provided for by members of your family in Norway, or can guarantee financial support in some other way.</i>		
18	<b>Have you ever been convicted? If so, please complete the following:</b>	
	When and where were you convicted?	
	What type of offence was involved, and what sentence did you receive?	
Have you served the sentence/paid the fine or is the probation period over?		

<b>Accompanying family members:</b> <i>(tick off for children under 18 years of age included in the application)</i>			
<i>Family connection must be documented.</i>			
<b>19 A</b>	<input type="checkbox"/> Family name:	Given name:	Date of birth:
	Citizenship:	Passport number:	Relation:
	<input type="checkbox"/> Family name:	Given name:	Date of birth:
	Citizenship:	Passport number:	Relation:
	<input type="checkbox"/> Family name:	Given name:	Date of birth:
	Citizenship:	Passport number:	Relation:
	<input type="checkbox"/> Family name:	Given name:	Date of birth:
	Citizenship:	Passport number:	Relation:
	<input type="checkbox"/> Family name:	Given name:	Date of birth:
	Citizenship:	Passport number:	Relation:
	<input type="checkbox"/> Family name:	Given name:	Date of birth:
	Citizenship:	Passport number:	Relation:
<b>19 B</b>	Family name:		Given name:
	Address:		Relation:
	Family name:		Given name:
	Address:		Relation:
	Family name:		Given name:
	Address:		Relation:
<b>19 C</b>	Family name:		Given name:
	Address:		Relation:
	Family name:		Given name:
	Address:		Relation:
	Family name:		Given name:
	Address:		Relation:
<b>20</b>	<b>Notification of decision:</b>		
	Please forward the notification of the decision to the Foreign Service Mission in:		
	The Foreign Service Mission is to send the notification to (address):		
	State address in Norway if the application is submitted from within Norway:		

**For use by the Norwegian foreign service mission:**

If the application is submitted through a Norwegian foreign service mission in a country other than that of which the applicant is a citizen, the applicant shall state the grounds for residence in the country in question, cf. Section 12 of the Immigration Regulations. Furthermore, the applicant must state how long he or she has stayed there. Moreover, it must be stated whether it is possible for the applicant to return, and what deadlines, if any, apply.

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**Power of attorney:** *(To be filled out if the applicant wishes to be represented by a person in Norway during the application process)*

*In accordance with Section 12 of the Public Administration Act, I hereby authorise*

Name:

Address:

*to act on my behalf in connection with my application.  
I ask that both I and my representative be informed about the decision.*

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**I hereby confirm that the above information is correct:**

*For applicants under 18 years of age, consent from both parents is required*

Place:	Date:	Applicant's signature:
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Place:	Date:	Signature of parent/guardian:
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Place:	Date:	Signature of parent/guardian:
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*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.*