



Utlendingsdirektoratet
Norwegian Directorate
of Immigration

Application for a permit for residence or work

| | | |
|--------------|---|---------|
| Date | Place of application | Picture |
| DUF number | (stamp of police district or Foreign Service mission) | |
| Fee paid NOK | | |

Complete one form per applicant, even if the applicant is under 18 years of age or has been placed under guardianship. Write in BLOCK LETTERS, and complete all sections concerning you (the applicant) and your reason for applying for a permit. It may take longer to process your application if any information is lacking.

1 Your personal details (write your name as it appears in your travel document)

| | | | |
|--|----------------|--|--|
| Family name | | First name | |
| Middle name | | If applicable, previous name / surname | |
| Date of birth (day/month/year) | Place of birth | Country of birth | |
| Ethnicity | Mother tongue | Other languages you speak | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Profession | Citizenship (specify all) | |
| Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married/civil partner <input type="checkbox"/> Cohabitant <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/widower | | | |
| Place and date of last change in marital status | | | |

Contact information

UDI wishes to use your phone number and email address to contact you in connection with this application and any future applications. It is therefore important that you fill in these fields.

| | | | |
|--|---------------------------|--------------------------------------|--------|
| Home address | | Postcode | Town |
| Country | | Hometelephone number | E-mail |
| Alternative address if the answer to the application is to be sent there | | | |
| Postcode | Town | Country | |
| Address in Norway where you live or will live (street) | | Postcode | Town |
| Cell phone number in Norway | Date of arrival in Norway | Date of entry into the Schengen area | |

2 Identity / travel documents

| | | |
|---|---|---|
| Travel document <input type="checkbox"/> Passport from country of origin <input type="checkbox"/> Refugee travel document, immigrant's passport or similar <input type="checkbox"/> No travel document | Travel/identity document number Country of issue | Valid until (dd/mm/yy) Issuing authority |
| Specify any other persons who are entered in the travel document. Use a separate sheet if necessary. | | |
| If you do not have a travel document, you can state other documents containing information about your identity, for example a national identity card. Use a separate sheet if necessary. | | |

3 Information about previous stays in Norway

| | |
|--|---|
| Have you stayed in Norway previously? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, state when and for how long |
| Have you previously applied for a residence permit in Norway? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, state the reason <input type="checkbox"/> Tourism <input type="checkbox"/> Work <input type="checkbox"/> Other. Specify |
| Have you been expelled from Norway previously? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, does the entry ban still apply? <input type="checkbox"/> No <input type="checkbox"/> Yes Please enclose separate application form for lifting the entry ban |

4 The permit you are applying for

Fill in the sections that correspond to your reason for applying

| | | |
|--|-----------|---------|
| This application is for a <input type="checkbox"/> First-time permit <input type="checkbox"/> Renewal | | |
| How long do you want the permit to last? | From date | To date |

A Permit for family immigration (including parental visits up to 9 months)

Fill in details about your reference person (i.e. the person you are applying to join in Norway).

| | | | |
|---|---|--|--|
| Reference person's relationship to you <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Biological child <input type="checkbox"/> Biological/adoptive mother <input type="checkbox"/> Foster mother <input type="checkbox"/> Cohabitant <input type="checkbox"/> Adopted child <input type="checkbox"/> Biological/adoptive father <input type="checkbox"/> Foster father <input type="checkbox"/> Fiancé <input type="checkbox"/> Foster child <input type="checkbox"/> Other | | | |
| Family name | | First name | |
| Middle name | | If applicable, previous name/surname | |
| Date of birth (day/month/year) | Place of birth | Country of birth | |
| Mother tongue | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Citizenship (specify all) | |
| Address | | | |
| Postcode | Town | Norwegian national ID number (if applicable) | |
| Telephone number | Cell phone number | Email address | |

Permit for family immigration – continued

Please also answer the questions below when applying for family immigration.

| | |
|--|--------------------------------|
| Have you been married previously? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: when (year) |
| | For how long were you married? |
| | Who were you married to? |
| When applying for a residence permit to get married in Norway: Please note the date the marriage or partnership is to take place. | |
| Will you live at the same address (in the same household) for the entire period of the permit? <input type="checkbox"/> Yes <input type="checkbox"/> No, for the following reason | |
| For first-time application: Will you be supported by the person living in Norway? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain | |
| For renewal: Are you supported by the person living in Norway? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

B Work permit (including au pair and trainees)

For renewal:

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|--|
| Have there been any changes to your working situation since your previous application, for example new employer or change in full-time equivalent (FTE) percentage? <input type="checkbox"/> No <input type="checkbox"/> Yes, please complete the section below for first time application or changed working situation |
|--|

For first-time application or following change in working situation:

| | | |
|---|---|---|
| Employer (company name or host family) | | Company registration number |
| Address | Postcode | Town |
| Telephone number | Email address | Wage (in NOK) |
| Type of work (job title or key task) | | FTE percentage <input type="checkbox"/> 100 % <input type="checkbox"/> Other: % |
| Education <input type="checkbox"/> Primary school <input type="checkbox"/> Supplement to upper secondary education <input type="checkbox"/> Upper secondary school, vocational <input type="checkbox"/> University or college <input type="checkbox"/> Upper secondary school, general subjects <input type="checkbox"/> Other | | |
| Length of education in years: | Which professional areas/fields are you qualified in? | Degree achieved |
| Do you have relevant work experience? <input type="checkbox"/> No <input type="checkbox"/> Yes (remember to enclose documentation) | | |

C Study permit

For renewal

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|--|
| Are you following a normal study progression? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you continuing your education at the same institution as before? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

For first-time application or new place of study

| | | | |
|--|---------------|---|-------------------------------|
| Place of study/educational institution | | Company registration number | |
| Subject/field of study | | Length of study/education From month/year: To month/year: | |
| Telephone number | Email address | | |
| Name of organisation that arranged your studies/school place, where applicable | | | |
| Funding of stay <input type="checkbox"/> Own means <input type="checkbox"/> Grant <input type="checkbox"/> Other (explain): | | | School fees (amount per term) |

D Protection or other type of permit

| | |
|---|--|
| Are you going to renew the permit you have? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you applying on a new basis? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The reason for your permit: <input type="checkbox"/> Protection (asylum) <input type="checkbox"/> Permit on strong humanitarian grounds <input type="checkbox"/> Other, explain: | |

5 Time spent abroad
(must be completed if you are applying to renew your permit)

Include all foreign trips you have made in the past year, counting back 12 months from the application date (today's date). Enter in chronological order, starting with the first trip. Use a separate sheet if necessary.

[illegible]

6 Family members

(list also family members not applying for a residence permit)

You do not have to complete this section if you provided this information in previous applications. However, if other family members are submitting an application at the same time as you, you should specify this below. Note that each family member must submit their own application form.

The information you enter here has a bearing on future applications for you or your family members. Therefore, you need to complete this section fully. Use a separate sheet if necessary.

Spouse / partner / cohabitant

(if you are married to multiple people, provide details on a separate sheet)

| | | |
|--------------------------------|---|--|
| Family name | First name | |
| Date of birth (day/month/year) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Also applying |
| Address | Postcode | Country |

Parents

| | | | | |
|-------------------------|---------------|-----------------------|--|--|
| Family name, first name | Date of birth | Resident of (country) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Also applying |
| Family name, first name | Date of birth | Resident of (country) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Also applying |

Other close relatives

Specify all children biological and adopted children (C), foster children (F), and siblings (S). Use a separate sheet if necessary.

| | | | | | |
|-------------------------|-------------------|-----------------------|---|--|--|
| Family name, first name | Date of birth | Resident of (country) | C F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Also applying |
| Family name, first name | Date of birth | Resident of (country) | C F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Also applying |
| Family name, first name | Date of birth | Resident of (country) | C F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Also applying |
| Family name, first name | Date of birth | Resident of (country) | C F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Also applying |
| Family name, first name | Date of birth | Resident of (country) | C F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Also applying |
| Family name, first name | Date of birth | Resident of (country) | C F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Also applying |
| Number of children | Number of sisters | Number of brothers | Number of siblings residing in Norway | | |

7 Criminal offences

The Immigration Act requires that no circumstances exist as grounds to deny you access to, or to live or work in, Norway. Such grounds may include convictions for criminal offences. If you have been charged, the Directorate of Immigration can wait until the matter has been clarified to process your application.

| | | |
|---|--|-----------------|
| Have you been charged with a criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, in which police district/country? | |
| Have you ever been convicted of a criminal offence in Norway or abroad? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, when and where were you convicted? | |
| Sentence <input type="checkbox"/> Fine (amount): – not older than 2 years <input type="checkbox"/> Prison (days): – Conditional prison. Not older than 5 years. – Unconditional prison. Not older than 10 years. | | Type of offence |
| Have you served the sentence/paid the fine (or is the probation period over)? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain | | |

8 Power of attorney

- ☐ I am aware that correspondence from the immigration authorities will be sent to my representative, and that my representative will have access to my case.
- ☐ I am aware that my representative will be notified of the decision instead of me.
- ☐ I grant the following person power of attorney to act on my behalf in connection with my application.

| | | | |
|------------------------------|-----------|-----------------------------|-------|
| Representative's family name | | Representative's first name | |
| Representative's address | | Postcode | Town |
| Country | Telephone | Cell phone number | Email |

9 Signature

The information you provide will be registered in UDI's databases and may also be used in connection with subsequent applications and applications from family members. Your information may be passed on to relevant authorities in order to check the details and to obtain more. Where necessary, information about you will also be collected from other Norwegian and foreign authorities, including the police, unless consideration for your safety dictates otherwise. If you are granted a permit, this information will be entered in the National Population Register.

It is a punishable offence to give materially incorrect or clearly misleading information, including omission of information of material significance. In addition to criminal charges, breach of the Immigration Act or the Norwegian Penal Code may lead to rejection or expulsion and registration in the Schengen Information System (SIS). Any permit granted based on incorrect or incomplete information may be withdrawn.

UDI will use your phone number and email address to contact you while processing this and any future applications. Thus, it is important that you agree to receive information about your case by sms/email.

I acknowledge that I may not have two different residence permits for Norway at the same time. Any previous residence permit issued on a separate basis will become invalid at the point in time when a new residence permit is granted.

☐ **I agree to accept receiving information about my case by sms/email.**

I hereby confirm that the information given in this application is correct and complete.

| | |
|----------------|----------------|
| Place and date | Your signature |
|----------------|----------------|

10 When the applicant is a child/minor

All children who are capable of forming their own views and who are affected by a decision under the Immigration Act, are entitled to be informed about and to express themselves regarding their case. Children who are capable of doing so must sign the application.

Parent/guardian consent is required if you (the applicant) are a minor. If parental responsibility is shared and the applicant is under 18 years of age, the consent of both parents is required.

| | |
|----------------|-----------------------------|
| Place and date | Parent/guardian's signature |
| Place and date | Parent/guardian's signature |

Remarks from the police or Foreign Service mission

| |
|--|
| Has the child been told what the application relates to? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the child been given the opportunity to give an opinion? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has an interview/talk been held with the child? <input type="checkbox"/> Yes <input type="checkbox"/> No |