

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

Application for a permit for residence or work

Complete one form per applicant, even though the applicant is under the age of 18 or has been placed under guardianship. Write in block capitals, and complete all sections concerning you (the applicant) and your reason for applying for a permit. If your application lacks information, the case processing time may be longer.

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
Address at home		Postcode	Town
Country	Telephone number at home	E-mail address	
Alternative address if the answer to the application is to be sent another place		Postcode/Town	Country
Address in Norway where you live or will live (street)			Postcode Town
Telephone number in Norway	Day/month/year of arrival in Norway	Day/month/year of entry into the Schengen area	

2 Identity / travel documents

Travel document <input type="checkbox"/> Passport from country of origin <input type="checkbox"/> Travel warrant, immigrant's passport or similar <input type="checkbox"/> No travel document	Travel/identity document number	Valid until (day/month/year)
	Country of issue	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 that give information about your identity, for example 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 prohibition on entry still apply? <input type="checkbox"/> No <input type="checkbox"/> Yes (please enclose separate application form for lifting of the prohibition on entry)

4 The permit you apply for

Fill in the / those sections that correspond to your reason for the application

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 migration (including parental visits up to 9 months)

Fill in information about the person you apply for a permit in family immigration with.

Relation 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 personal ID number (if applicable)	
Telephone number	Cell phone number	E-mail address	
Have you been married previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: When (year)? Who were you married to?	For how long were you married?	
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 whole 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? For renewal: Are you supported by the person living in Norway? <input type="checkbox"/> Ja <input type="checkbox"/> No, I have my own means <input type="checkbox"/> Other (explain):			

B Permit for work (including au pair and trainees)

For renewal

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

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

C The reason for the permit is to study

For renewal

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
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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	E-mail 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 kind of permit

Are you going to renew the permit you have? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you applying for a permit on new grounds? <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 for renewal of 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 the trips in chronological order, starting with the least recent. Use a separate sheet if necessary.

Date of departure from Norway (day/month/year)	Date entered Norway (day/month/year)	Numbers of days away	Country visited	Reason for the trip
				<input type="checkbox"/> Business <input type="checkbox"/> Private
				<input type="checkbox"/> Business <input type="checkbox"/> Private
				<input type="checkbox"/> Business <input type="checkbox"/> Private
				<input type="checkbox"/> Business <input type="checkbox"/> Private
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				<input type="checkbox"/> Business <input type="checkbox"/> Private

6 Family members

If you have given this information in previous applications, you do not have to complete this section. 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 give here have a bearing on future applications for you or your family members. You therefore need to be careful to complete this section fully. Use a separate sheet if necessary.

Spouse/partner/cohabitant (if you are married to several people, give 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/-place	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"/> Mann <input type="checkbox"/> Kvinne <input type="checkbox"/> Also applying

Other close relatives

Specify all children C (biological and adopted children), foster children F, 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"/>	Kjønn <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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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 there are no circumstances that give grounds to deny you access to Norway, or a permit to live or work here. 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 two years <input type="checkbox"/> Prison (days): - Conditional prison. Not older than five 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 give the following person power of attorney to act on my behalf in connection with my application.
 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.

Representative's family name, first name			
Representative's address	Postcode	Town	Country
Telephone number	Cell phone number	E-mail address	

9 Signature

The information will be registered in the computer system for immigrant and refugee cases (DUF). This information may also be used in relation to later applications and applications from family members.

Your information may be passed on to other relevant authorities in order to check and obtain more details of the information you have given. Where necessary, information about you will also be collected from other Norwegian and foreign authorities, including the police. This will not be carried out where consideration for your safety so determines. If you are granted a permit, information on this 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.

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

Place and date	Your signature
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10 Where the applicant is a child/minor

All children capable of forming their own views, who are affected by a decision under the Immigration Act, are entitled to be informed about and express an opinion on the case. Children who are capable of doing so must sign the application. Parent/guardian must consent if you (the applicant) are a minor. If parental responsibility is shared, both parents must consent if the applicant is a child under the age of 18.

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

Remarks from the police/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
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