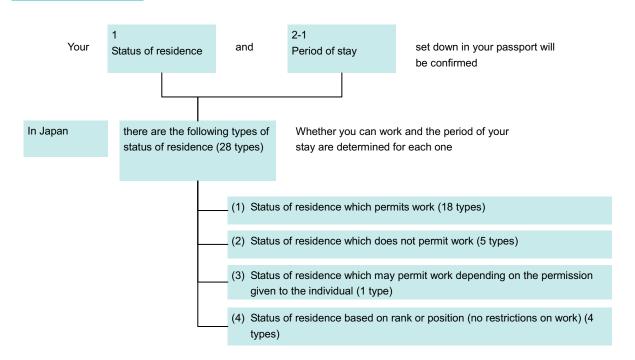


#### **B Status of residence**

Back to the top of B Status of residence

#### **Upon entering Japan**

#### When staying in Japan



|                                                       | at this time |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | at this place                        |                                            |
|-------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------|
| On such an occasion                                   |              | these kinds of necessary documents                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      | and this is what you                       |
| during your stay in Japan                             |              | need to be prepared                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | should do                                  |
| when you want to prove that you are permitted to work |              | <ol> <li>Application for certificate of authorized employment</li> <li>Passport or residence status certification</li> <li>Residence Card or special permanent resident certificate</li> <li>Permission to engage in an activity other than that permitted by the status of residence previously granted (if permission to engage in an activity other than that permitted by the status has been granted) etc.</li> <li>* 900 yen (stamp) when permission is issued</li> </ol> | At regional<br>immigration<br>bureau | 3 Apply for work qualification certificate |



## B Status of residence

| On such an occasion                                                                                                 | at this time                                                                                                 | those kinds of possesser desure                                                                                                                                                                                                                                                                                                                                                                                       | at this place                        | and this is what were                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| during your stay in Japan                                                                                           |                                                                                                              | these kinds of necessary documents need to be prepared                                                                                                                                                                                                                                                                                                                                                                |                                      | and this is what you should do                                                                                            |
| When you want to receive remuneration for activities other than those in the status of residence currently acquired |                                                                                                              | <ol> <li>Application for permission to engage in activity other than that permitted by the status of residence previously granted</li> <li>Document which clarifies the contents of the activities relating to the permission to engage in an activity other than that permitted by the status of residence previously granted</li> <li>Passport or residence status certification</li> <li>Residence Card</li> </ol> | At regional<br>immigration<br>bureau | 2-6 Apply for permission to engage in activity other than that permitted under the status of residence previously granted |
|                                                                                                                     |                                                                                                              | etc.                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                                           |
|                                                                                                                     |                                                                                                              | * Free                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                                                                                           |
| When you want to extend the period of stay                                                                          |                                                                                                              | <ol> <li>Application form for extension of period of stay</li> <li>Photograph</li> <li>Documents required for content of activities and living circumstances in Japan</li> <li>Passport or residence status certification</li> <li>Residence Card or special permanent resident certificate</li> </ol>                                                                                                                |                                      | 2-2<br>Apply for extension of period                                                                                      |
| ,                                                                                                                   | I                                                                                                            | 6 Permission to engage in an activity                                                                                                                                                                                                                                                                                                                                                                                 |                                      | of stay                                                                                                                   |
|                                                                                                                     | From 3 months prior to expiry of period of stay  If you overstay your period of stay by as little as one day | other than that permitted by the status of residence previously granted (if permission to engage in an activity other than that permitted by the status has been granted) 7 Letter of guarantee, etc. * 4,000 yen (stamp) when permission is given                                                                                                                                                                    | At regional<br>immigration<br>bureau |                                                                                                                           |
|                                                                                                                     | 2-3                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                           |
|                                                                                                                     | This constitutes                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                           |
|                                                                                                                     | overstaying                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                           |



## B Status of residence

|                                                                                                                         | at this time                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | at this place                        | <b>.</b>                                                |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------|
| On such an occasion                                                                                                     | at this time                              | these kinds of necessary documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | at tills place                       | and this is what you                                    |
| during your stay in Japan                                                                                               |                                           | need to be prepared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | should do                                               |
| When you want to change status of residence  From the time when the change in status arises, an expiry of the period of | d before the                              | <ol> <li>Application for change of status of residence</li> <li>Photograph</li> <li>Documents required for content of activities and living circumstances in Japan</li> <li>Passport or residence status certification</li> <li>Residence Card or special permanent resident certificate</li> <li>Permission to engage in an activity other than that permitted by the status of residence previously granted (if permission to engage in an activity other than that permitted by the status has been granted)</li> <li>Letter of guarantee, etc.</li> <li>4,000 yen (stamp) when permission</li> </ol> | At regional<br>immigration<br>bureau | 2-4 Apply for changing status of residence              |
| When you want to stay in Japan permanently                                                                              |                                           | A number of conditions must be satisfied for permission to be granted  * 8,000 yen (stamp) when permission is given                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                      | 2-5 Apply for permission of permanent residence         |
| When you intend to leave Japan temporarily                                                                              |                                           | (Special re-entry permit) 1 Passport 2 Residence Card or special permanent resident certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sureau                               | 2-7 Apply for re-entry permit (single entry permit)     |
| While you are staying in Jap<br>until prior to the expiry of pe<br>stay                                                 |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | At regional<br>mmigration<br>bureau  | 2-7 Apply for re-entry permit (multiple entry permit)   |
| When you want to acquire status of residence for a child born in Japan                                                  | Within 30<br>days of the<br>child's birth | <ol> <li>Application for permission to acquire status of residence</li> <li>Birth certificate, Maternal and Child Health Handbook etc.</li> <li>Both parents' passports, and Residence Cards</li> <li>Letter of guarantee, etc.</li> </ol>                                                                                                                                                                                                                                                                                                                                                               |                                      | 2-8 Apply for permission to acquire status of residence |



#### **B** Status of residence

Back to the top of B Status of residence

To live in Japan, you must have status of residence. There are 28 types of status of residence, each of which stipulates the activities you are permitted to undertake in Japan, and the period of your stay.

#### 1 Confirmation of status of residence

When you enter Japan to stay, your status of residence and the period of your stay are determined according to your objective in entering Japan. Your type of status of residence and the period of your stay are recorded in your passport; please look and confirm these points.



Source: Immigration Bureau, Ministry of Justice "Immigration control instructions" pamphlet

For the following 28 types of status of residence, undertaking activities other than those permitted in each case is not possible.



## B Status of residence

Back to the top of B Status of residence

(1) Status of residence which permits work (18 types)

| i, Giarae er reeraeriee | which permits work (10 types)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |      |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------|
| Status of residence     | Activities which may be undertaken in Japan (for example, types of employment permitted)                                                                                                                                                                                                                                                                                                                                                                                                                                            | Period of stay                                                  | Work |
| Diplomat                | Activities of a member of a diplomatic mission or consulate of a foreign government to the Japanese government, or a person granted the same prerogatives and exemptions as a diplomatic mission by a treaty or international institution, or a member of the family of such a person constituting part of his or her household <ambassadors, a="" and="" consulates="" delegation,="" etc.="" families="" foreign="" general="" governments,="" members="" ministers="" of="" their=""></ambassadors,>                             | Period when "diplomatic activities" are undertaken              | 0    |
| Official                | Activities of a person authorized by the Japanese government to carry out the public duties of a foreign government or international organization, or a member of the family of such a person constituting part of his or her household (excluding activities which come under the category of "Diplomat") <employees a="" and="" carry="" consulates="" delegation="" duties,="" embassies,="" employed="" etc.="" families="" foreign="" general="" governments,="" members="" of="" out="" public="" their="" to=""></employees> | 5 years, 3 years,<br>1 year, 3<br>months, 30 days<br>or 15 days | 0    |
| Professor               | Activities of researching, leading research or instructing at a Japanese university, organization equivalent to an institution, or collages of technology <university etc.="" professors,=""></university>                                                                                                                                                                                                                                                                                                                          | 5 years, 3 years,<br>1 year or<br>3 months                      | 0    |
| Artist                  | Activities of music, fine arts, literature or other artistic activities for earning an income (excluding activities which come under the category of "Entertainment") <painters, composers,="" etc.="" writers=""></painters,>                                                                                                                                                                                                                                                                                                      | 5 years, 3 years,<br>1 year or<br>3 months                      | 0    |
| Religious<br>activities | Missionary work or other activities undertaken by persons of religion dispatched to Japan by foreign religious bodies <a href="Missionary priests">Missionary priests etc. dispatched by foreign religious bodies&gt;</a>                                                                                                                                                                                                                                                                                                           | 5 years, 3 years,<br>1 year or<br>3 months                      | 0    |
| Journalist              | Coverage and activities undertaken based on a contract with a foreign media organization  Sournalists, camera operators etc. belonging to foreign media organizations                                                                                                                                                                                                                                                                                                                                                               | 5 years, 3 years,<br>1 year or<br>3 months                      | 0    |



## **B** Status of residence

| Status of residence          | Activities which may be undertaken in Japan (for example, types of employment permitted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Period of stay                                     | Work |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------|
| Highly skilled professionals | Type 1 Activities which come under any of the following (a) to (c) to be conducted by foreign nationals who meet the criteria provided for by an ordinance of the Ministry of Justice as human resources who possess advanced and specialized skills, and who are expected to contribute to the academic research and economic development of Japan.  (a) Activities of engaging in research, research guidance or education based on a contract with a public or private organization in Japan designated by the Minister of Justice, or in conjunction with such activities, activities of personally operating a business which is related to such activities or activities of engaging in research, research guidance or education based on a contract with a public or private organization in Japan other than the applicable organization.  (b) Activities of engaging in research, research guidance or education based on a contract with a public or private organization in Japan other than the applicable organization.  (b) Activities of engaging in work requiring specialized knowledge or skills in the field of natural sciences or humanities based on a contract with a public or private organization in Japan designated by the Minister of Justice, or in conjunction with such activities, activities of personally operating a business which is related to the applicable activities.  (c) Activities of operating international trade or some other business of a public or private organization in Japan designated by the Minister of Justice or of managing such business, or in conjunction with such activities, activities of personally operating a business which is related to the applicable activities.  Type 2  The following activities to be conducted by foreign nationals who engaged in the activities given in Type 1 and who meet the criteria provided for by an ordinance of the Ministry of Justice as persons whose residence will contribute to the interests of Japan.  (a) Activities of engaging in work requiring specialized knowledge or skills in the field of natu | 5 years for Type<br>1 and indefinite<br>for Type 2 |      |



## **B** Status of residence

| Status of residence                                                      | Activities which may be undertaken in Japan (for example, types of employment permitted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Period of stay                                       | Work |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------|
| Business manager                                                         | Activities of operating international trade or some other business of a public or private organization in Japan or of managing such business (excluding activities to engage in the operation or management of business which is not allowed without the legal qualifications which come under the category of "Legal/Accounting Services"). <manager a="" administrator="" company="" of="" or=""></manager>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5 years, 3 years,<br>1 year, 4 months<br>or 3 months | 0    |
| Legal /<br>Accounting<br>Services                                        | Activities relating to work duties relating to law and accounting which are to be undertaken by lawyers in foreign law, foreign public certified accountants and persons possessing other legal qualifications <lawyers, accountants="" certified="" etc.="" public=""></lawyers,>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5 years, 3 years,<br>1 year or<br>3 months           | 0    |
| Medical Services                                                         | Activities for work duties relating to medical services, to be undertaken by doctors, dentists or other persons possessing legal qualifications <pre><doctors< pre="">, dentists, pharmacists, nurses&gt;</doctors<></pre>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5 years, 3 years,<br>1 year or<br>3 months           | 0    |
| Researcher                                                               | Activities for work duties for undertaking research, based on a contract with a public or private organization in Japan (excluding activities which come under the category of "Professor") <researchers at="" companies="" governmental="" or="" organizations="" private=""></researchers>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 5 years, 3 years,<br>1 year or<br>3 months           | 0    |
| Instructor                                                               | Activities of language education or other education at elementary schools, junior high schools, high schools, schools for students with special needs, vocational schools or other types of schools and educational organizations which are equivalent in terms of facilities and structure <language and="" at="" elementary,="" etc.="" high="" instructors="" junior="" schools,=""></language>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5 years, 3 years,<br>1 year or<br>3 months           | 0    |
| Engineer /<br>Specialist in<br>Humanities /<br>International<br>Services | Activities to engage in services, which require skills or knowledge pertinent to physical science, engineering or other natural science fields, or to engage in services, which require knowledge pertinent to jurisprudence, economics, sociology or other human science fields, or to engage in services, which require specific ways of thought or sensitivity based on experience with foreign culture, based on a contract with a public or private organization in Japan (excluding activities which come under the category of "Professor", "Artist", "Journalist", "Business Manager", "Legal/Accounting Services", "Medical Services", "Researcher", "Instructor", "Intra-company Transferee" and "Entertainer"). <engineer a="" as="" at="" company="" designer,="" engineering,="" etc.="" instructor="" interpreter,="" language="" marketing="" mechanical="" of="" or="" private="" specialist,="" such=""></engineer> | 5 years, 3 years,<br>1 year or<br>3 months           | 0    |



## B Status of residence

| Status of residence        | Activities which may be undertaken in Japan (for example, types of employment permitted)                                                                                                                                                                                                                                                                                                                                                                                                                           | Period of stay                                          | Work |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------|
| Intracompany<br>Transferee | Activities which come under the categories of "Engineer/Specialist in Humanities/International Services" in this list which are undertaken by an employee of a place of business, being the main office or branch or other place of business, which is a public or private organization in a foreign country, when the employee concerned is transferred to a place of business in Japan for a stipulated period of time <employees a="" business="" foreign="" from="" of="" place="" transferred=""></employees> | 5 years, 3 years,<br>1 year or<br>3 months              | 0    |
| Care Worker                | Activities of engaging in care service or care guidance, which are to be undertaken by certified care workers, based on a contract with a public or private organization in Japan.                                                                                                                                                                                                                                                                                                                                 | 5 years, 3 years,<br>1 year or<br>3 months              | 0    |
| Entertainment              | Activities related to entertainment such as theater, performing arts, performance and sports, or other artistic activities (excluding activities which come under the category of "Business manager") <actors, actors,="" dancers,="" etc.="" players="" professional="" singers,="" sports=""></actors,>                                                                                                                                                                                                          | 3 years, 1 year,<br>6 months,<br>3 months or<br>15 days | 0    |
| Skilled Labor              | Activities engaged in work duties which require proficient skills in a specialist production field, to be undertaken based on a contract with a public or private organization in Japan <pre><foreign chef<="" cuisines="" pre="">, sports instructors, pilots of aircraft, metalworker in precious metals, pilot etc.&gt;</foreign></pre>                                                                                                                                                                         | 5 years,3 years,,<br>1 year or<br>3 months              | 0    |



## **B Status of residence**

Back to the top of B Status of residence

| Status of residence          | Activities which may be undertaken in Japan (for example, types of employment permitted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Period of stay                                                                                                                                                                                                                                                     | Work |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Technical Intern<br>Training | Type 1 (a) Activities to receive training courses and activities to acquire skills and knowledge through employment agreements, based on a technical intern training plan approved by the Technical Intern Training Act (limited to those related to the Individual enterprise-based training I) (b) Activities to receive training courses and activities to acquire skills and knowledge through employment agreements, based on a technical intern training plan approved by the Technical Intern Training Act (limited to those related to the Supervising organization-based training I) Type 2 (a) Activities to receive training courses and activities to acquire skills and knowledge through employment agreements, based on a technical intern training plan approved by the Technical Intern Training Act (limited to those related to the Individual enterprise-based training II) (b) Activities to receive training courses and activities to acquire skills and knowledge through employment agreements, based on a technical intern training plan approved by the Technical Intern Training Act (limited to those related to the Supervising organization-based training II) Type 3 (a) Activities to receive training courses and activities to acquire skills and knowledge through employment agreements, based on a technical intern training plan approved by the Technical Intern Training Act (limited to those related to the Individual enterprise-based training III) (b) Activities to receive training courses and activities to acquire skills and knowledge through employment agreements, based on a technical intern training plan approved by the Technical Intern Training Act (limited to those related to the Supervising organization-based training III) | Type 1 Not more than 1 year and as specified individually by the Minister of Justice  Type 2 Not more than 2 years and as specified individually by the Minister of Justice  Type 3 Not more than 2 years and as specified individually by the Minister of Justice | 0    |

(2) Status of residence which does not permit work (5 types)

| Status of residence | Activities which may be undertaken in Japan (for example, types of employment permitted)                                                                                                                                                                                                                                                                            | Period of stay                             | Work |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------|
| Cultural Activities | Non-income earning academic or artistic activities, or activities to conduct specialist research in culture or arts peculiar to Japan or to learn such culture or arts through specialized instruction from a specialist (excluding activities which come under the category of "College student") <researchers culture="" etc.="" in="" japanese=""></researchers> | 3 years, 1 year<br>6 months or<br>3 months | ×    |



## **B** Status of residence

| Status of residence | Activities which may be undertaken in Japan (for example, types of employment permitted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Period of stay                                                                                                                                                                     | Work |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Temporary Visitor   | Activities of tourism, recreation, sports, visiting relatives, observations, participation in study courses or meetings, business communication and other similar activities to be undertaken over a short-term stay in Japan <tourists, etc.="" in="" meetings,="" participating="" people=""></tourists,>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Short stay within<br>the periods of<br>90 days, 30<br>days or 15 days                                                                                                              | ×    |
| College Student     | Activities of obtaining education at a university, a college of technology (koto senmon gakko), a senior high school (including the senior high school term at a junior-senior high school [chuto kyoiku gakko]). Or activities of obtaining an education in the senior high school level of a school for special needs education (tokubetsu shien gakko), a junior high school (including the junior high school term at a junior-senior high school [chuto kyoiku gakko]), a junior high school level of a school for special needs education (tokubetsu shien gakko), an elementary school, an elementary school level of a school for special needs education (tokubetsu shien gakko), an advanced vocational school (senshu gakko), a school in the miscellaneous category (kakushu gakko), or an educational organization providing an equivalent curriculum in Japan. <students at="" colleges="" elementary="" etc.="" high="" junior="" of="" or="" schools="" schools,="" senior="" technology,="" universities,=""></students> | 4 years and 3 months, 4 years, 3 years and 3 months, 3 years, 2 years and 3 months, 2 years, 1 year and 3 months, 1 year, 6 months or 3 months                                     | ×    |
| Trainee             | Activities for learning technical skills, etc., through being taken on at a private or public organization in Japan (excluding activities which come under the category of "Technical Trading Intern Type 1" or "College student" < Trainees>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1 year,<br>6 months or<br>3 months                                                                                                                                                 | ×    |
| Dependent           | Everyday activities undertaken by spouses or children who are dependents of persons who are staying in Japan and who possess the qualifications of categories between "Professor" and "Cultural activities" (excluding "Technical Intern Training") or who are staying in Japan and who possess the qualification of "College student". <dependent children="" foreign="" of="" residents="" spouses=""></dependent>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5 years, 4 years<br>and 3 months, 4<br>years, 3 years<br>and 3 months, 3<br>years, 2 years<br>and 3 months, 2<br>years, 1 year<br>and 3 months, 1<br>year, 6 months<br>or 3 months | ×    |



Back to the top of B Status of residence

(3) Status of residence which may permit work depending on the permission given to the individual (1 type)

| Status of residence      | Activities which may be undertaken in Japan (for example, types of employment permitted)                                                                                                                                                                                      | Period of stay                                                                                                                                                                         | Work |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Designated<br>Activities | Activities which have been specially designated by the Minister of Justice to an individual foreigner <domestic a="" according="" caregivers="" designated="" diplomat,="" economic="" etc.,="" holiday,="" nurses="" of="" staff="" to="" treaties="" working=""></domestic> | 5 years, 4 years, 3 years, 2 years, 1 year, 6 months, 3 months or a period designated by the Minister of Justice for the individual foreigner within the scope of no more than 5 years | 0    |

(4) Status of residence based on personal relationship or position (4 types)

| Status of residence                         | Personal relationship or position on which the residence is authorized in Japan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Period of stay                             | Work |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------|
| Permanent<br>Resident                       | Persons recognized as permanent residents by the Minister of Justice <persons (except="" act)="" been="" control="" for="" from="" granted="" have="" immigration="" in="" japan="" justice="" minister="" of="" permanent="" permanently="" permission="" residents="" special="" stay="" the="" to="" under="" who=""></persons>                                                                                                                                                                                                                                                                                                                                         | No limit                                   | 0    |
| Spouse or Child of<br>Japanese National     | Person who is a spouse or child of a Japanese nation, an adopted child under the Special Adoption System according to Provision 2 of Article 817 of the Civil Law (1896, Code No. 89), or a child born in Japan to a Japanese person <spouses adopted="" adoption="" biological="" children="" japanese="" nationals,="" of="" or="" special="" system="" the="" under=""></spouses>                                                                                                                                                                                                                                                                                       | 5 years, 3<br>years, 1 year or<br>6 months | 0    |
| Spouse or Child of<br>Permanent<br>Resident | Person who is a spouse or child of a person possessing a permanent resident's status of residence, or of a special permanent resident as stated in the "Persons who have been recognized according to the Special Law on the Immigration Control of, inter alia, those who have lost Japanese nationality on the basis of the Treaty of Peace with Japan." (hereafter referred to as "permanent residents") or a person born in Japan as the child of a permanent resident and, following this, continuing to live in Japan  Spouses and children of permanent residents or special permanent residents, or biological children born in Japan and continuing to live here> | 5 years, 3<br>years, 1 year or<br>6 months | 0    |



## **B Status of residence**

Back to the top of B Status of residence

| Status of residence   | Personal relationship or position on which the residence is authorized in Japan                                                                                                                                                                                                   | Period of stay                                                                                                                                             | Work |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Long-Term<br>Resident | Person for whom the Minister of Justice has stipulated a set period of residence in view of special circumstances <refugees accepted="" behind="" china,="" etc.="" for="" in="" japanese="" left="" nikkei,="" resettlement,="" third-country="" third-generation=""></refugees> | 5 years, 3 years, 1 year, 6 months or a period designated by the Minister of Justice for the individual foreigner within the scope of no more than 5 years | ©    |

NB: Symbols in the "Work" column have the following meanings:

① : No restrictions on work

○ : Work is permitted within certain limits

 $\, imes\,$  : Work is not permitted

Source: Ministry of Justice, Immigration Bureau, "List of Types of Status of Residence" and "Start of a new residency management system!"



#### **B** Status of residence

Back to the top of B Status of residence

2 Extention of period of stay, change of status of residence, application for permission for permanent residence, permission to engage in an activity other than that permitted by the status of residence previously granted, re-entry permit, and acquisition of status of residence

#### 2-1 Period of stay

The following 11 periods of stay are possible: 15 days, 30 days, 90 days, 3 months, 6 months, 1 year, 1 year and 3 months, 2 years, 2 years and 3 months, 3 years and 5 years, and permission can also be granted monthly for the necessary period of time to leave the country. In the event that the stay exceeds this period, extension of period of stay is necessary.

NB: To check the periods of stay for the various types of status of residence, please refer to 1 Confirmation of status of residence chart (1), (2), (3) and (4)



#### **B** Status of residence

Back to the top of B Status of residence

2 Extention of period of stay, change of status of residence, application for permission for permanent residence, permission to engage in an activity other than that permitted by the status of residence previously granted, re-entry permit, and acquisition of status of residence

#### 2-2 Extension of period of stay

If you want to extend your period of stay continuing the same activities, you must carry out the procedures for extension of period of stay. Applications can be made prior to the expiry of your period of stay (from about 3 months prior to expiry for people whose period of stay is 6 months or more).

If the result of your application for an extension is not given within your allowed period of stay, it is possible to stay in the country for a maximum of 2 months after the expiry of your period of stay. (If the result of your application is given within the 2 months, the expiry is from the day of the result.)

The necessary documents required for applications vary depending on your status of residence and period of stay, so please enquire at the regional immigration bureau in the area where you live.

| Necessary documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Where to submit application/enquiries                                                                                                                                                                                                                                    | From when/until when                                                                                                                                           | Fee                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <ol> <li>Application for extension of period of stay</li> <li>Photograph</li> <li>Documents required for content of activities and living circumstances in Japan</li> <li>Passport or residence status certification</li> <li>Residence Card</li> <li>Permission to engage in an activity other than that permitted by the status of residence previously granted (if permission to engage in an activity other than that permitted by the status has been granted)</li> <li>Letter of guarantee, etc.</li> </ol> | Where to submit application: Regional immigration bureau in the area where you live  Enquiries: Regional immigration bureau in the area where you live, or a foreign residence general information center (please refer to "4 Inquiries concerning status of residence") | Applications can be made prior to the expiry of your period of stay (from about 3 months prior to expiry for people whose period of stay is 6 months or more.) | 4,000 yen<br>(stamp)<br>when<br>permission<br>is given |



### **B Status of residence**

Back to the top of B Status of residence

**Sample** 

別記第三十号の二様式(第二十一条関係) 申請人等作成用 1

For applicant, part1

日本国政府法務省 Ministry of Justice, Government of Japan

|                      |                               | 在         | 留す                     | 明 間                 | 更新                                      | 許 可                       | 申請書                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |
|----------------------|-------------------------------|-----------|------------------------|---------------------|-----------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
|                      |                               | 1         | 200                    | ,, ,,,              | - 121                                   | N OF PERIO                | 1 717 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |
| To the D             | irector General of            |           |                        | 入国管理                |                                         | 砂                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 写 真                                                                 |
| -                    |                               | - 注答:     | 01冬笙0                  |                     | mmigration E<br>はべき <i>Vera</i>         |                           | 間の更新を申請します。                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Photo                                                               |
| Pursuant             |                               | f Parag   | raph 2 of              | Article 21 of th    |                                         |                           | Refugee Recognition Act,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40mm × 30mm                                                         |
| 1 国籍・<br>Nationality |                               |           |                        |                     |                                         | 年月日<br>e of birth         | 年<br>Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 月 日<br>Month Day                                                    |
|                      |                               | Family na | ame                    |                     | Given name                              | e or billii               | real                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | World Day                                                           |
| 3 氏名<br>Name         | Name                          |           |                        |                     |                                         |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
| 4 性別<br>Sex          |                               |           |                        |                     |                                         | 6 配偶者の有<br>Marital status | 無 有 · 無<br>Married / Single                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |
| 7 職業<br>Occupatio    | n                             |           |                        | 8 本国によ<br>Home town |                                         | 地                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
| 9 住居地<br>Address in  | 9550 <del>0</del>             |           |                        |                     | små.                                    | 1                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
| 電話番<br>Telephon      | 号                             |           |                        |                     |                                         | 携帯電話番<br>Cellular phone N |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
| 10 旅券                | (1)番 号                        |           |                        |                     | (2)有                                    | Seilliai pilone N<br>効期限  | 年                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 月 日                                                                 |
| Passport             | Number                        |           |                        |                     |                                         | e of expiration           | Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Month Day                                                           |
|                      | Tする在留資格<br>residence          |           | 在留期間<br>Period of stay |                     |                                         |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
| 在留期                  | 期間の満了日                        |           |                        | 年                   | 月                                       | 日                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                                                   |
| Date of e<br>12 在留力  | expiration<br>- ド来早           |           |                        | Year                | Month                                   | Day                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
|                      | ce card number                |           |                        |                     |                                         | 20                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
|                      | ーる在留期間<br>length of extension |           |                        |                     |                                         |                           | って希望の期間とならない場<br>ed after examination.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>身合があります。)</b>                                                    |
| 14 更新の               |                               |           |                        |                     |                                         |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
| 15 犯罪を<br>有          | 理由とする処分<br>(具体的内容             | を受        | けたこと                   | の有無(日               | 本国外にお                                   | おけるものを含                   | む。) Criminal record (in Ja                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ) ・無                                                                |
|                      | (Detail:<br>見族(父・母・配作         | 禺者•       | 子•兄弟                   | 姉妹など)               | 及び同居                                    | 者                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ) / No                                                              |
| T                    | n Japan(Father, Moth          |           | use, Son, I            | 2000 1000-000 0000  | T                                       | 90 E1 600 T               | The state of the s | 在留カード番号                                                             |
| 続 柄                  | 氏 名                           | 5         |                        | 生年月日                | 国 籍·地 城                                 | 同居<br>Residing with       | 勤務先·通学先                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 特別永住者証明書番号                                                          |
| Relationship         | Name                          | <u> </u>  |                        | Date of birth       | Nationality/Region                      | applicant or not          | Place of employment/ school                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Residence card number Special Permanent Resident Certificate number |
|                      |                               |           |                        |                     |                                         | はい・いいえ<br>Yes/No          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
|                      |                               |           |                        |                     |                                         | はい・いいえ                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
|                      |                               |           |                        |                     | ·                                       | Yes / No<br>はいいいえ         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
|                      |                               |           |                        |                     | ļ                                       | Yes / No                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
|                      |                               |           |                        |                     |                                         | Yes / No                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
|                      |                               |           |                        |                     | 12 2000 200 200 200 200 200 200 200 200 | はい・いいえ<br>Yes / No        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
|                      |                               |           |                        |                     |                                         | はい・いいえ<br>Yes / No        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |
|                      |                               |           |                        |                     |                                         | なお、「研修」、「技                | <br>能実習」に係る申請の場合は語                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |
|                      |                               |           |                        |                     |                                         |                           | n, fill in and attach a separate shee<br>'Technical Intern Training".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t                                                                   |

(注) 裏面参照の上、申請に必要な書類を作成して下さい。 Note: Please fill in forms required for application. (See notes on reverse side.)

Source: Ministry of Justice APPLICATION FOR EXTENSION OF PERIOD OF STAY





### **B Status of residence**

Back to the top of B Status of residence

2 Extention of period of stay, change of status of residence, application for permission for permanent residence, permission to engage in an activity other than that permitted by the status of residence previously granted, re-entry permit, and acquisition of status of residence

#### 2-3 Illegal stay

If you overstay your period of stay by as little as one day, this will be considered "Illegal stay (overstaying)." As a general principle, you will not be admitted to Japan again for a certain period. For illegal overstayers to return to their countries, the following procedures are carried out.

| inell countries, the following procedure.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Return to own country in normal manner        | In the event of unavoidable circumstances or a very brief illegal overstay, it may be possible for the procedures for extension of period of stay to be carried out, and if this is recognized, you can leave Japan in the normal fashion. In such cases, please notify your nearest regional as quickly as possible.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Return to own country under a departure order | Out of persons in breach of immigration law, for those for those illegal overstayers who fit certain stated requirements, the system for return home to one's own country in which the person can return home via straightforward procedures without the person being taken into custody is the "departure order system" Persons applicable for the departure order are overstayers meeting all of the following criteria:  (1) Are willing to leave Japan and return to their own country promptly, and have appeared before their regional immigration bureau  (2) Do not correspond to reasons for forced repatriation from Japan apart from the illegal overstaying  (3) Following entry into Japan, have never served prison time or penal servitude for any crime corresponding to property crime  (4) Have never been forcibly repatriated or returned to their own country under orders in the past  (5) Where it is believed that the person is sure to leave Japan promptly                                                                                                                                                 |
| Forced repatriation (deportation)             | In the event that the illegal overstay is arrested, the person will be taken into custody at a detention center etc. Following this, in the event that the person is handed over to their regional immigration bureau and the procedures for forced repatriation are carried out, the person may be prosecuted and taken to court. Persons who leave Japan through forced repatriation are not admitted to Japan for the next five years. In the event that the person has already been forcibly repatriated in the past, this is increased to 10 years, and there are cases where people have been permanently forbidden from entering Japan again.  NB: Special permission for residence: It is possible even for people who meet the criteria for forced repatriation to be granted permission to stay in Japan by the Minister of Justice in the light of special circumstances. In this special permission for residence, the Minister of Justice decides whether the person will be allowed to stay. The person can continue to live in Japan having received status of residence only in cases where this permission is given. |



#### **B** Status of residence

Back to the top of B Status of residence

2 Extention of period of stay, change of status of residence, application for permission for permanent residence, permission to engage in an activity other than that permitted by the status of residence previously granted, re-entry permit, and acquisition of status of residence

#### 2-4 Change of status of residence

Persons whose status of residence is "Spouse or Child of Japanese National" "Long-Term Resident" "Permanent Resident" or "Spouse or Child of Permanent Resident" have no restrictions on their activities. There is therefore no need for them to change their status of residence according to their occupation. However, persons with other types of status of residence need to change their status of residence, in the event of changing occupation or starting to work, to a status which fits their occupational activities. They must put in an "Application for changing status of residence" at their regional immigration bureau. The necessary documents vary depending on your status of residence and period of stay, so please enquire at the regional immigration bureau in the area where you live.

| Necessary documents                                                                                                                                                                                                                                                                                                                                                                                                                                     | Where to submit application/enquiries                                                                                                                                                                                                                                    | From when/<br>until when                                                                               | Fee                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1 Application for change of status of residence 2 Photograph 3 Documents required for content of activities and living circumstances in Japan 4 Passport or residence status certification 5 Residence Card 6 Permission to engage in an activity other than that permitted by the status of residence previously granted (if permission to engage in an activity other than that permitted by the status has been granted) 7 Letter of guarantee, etc. | Where to submit application: Regional immigration bureau in the area where you live  Enquiries: Regional immigration bureau in the area where you live, or a foreign residence general information center (please refer to "4 Inquiries concerning status of residence") | From the time when the reason for change in status arises, and before the expiry of the period of stay | 4,000 yen<br>(stamp)<br>when<br>permission<br>is given |



### **B Status of residence**

Back to the top of B Status of residence

**Sample** 

別記第三十号様式(第二十条関係) 申請人等作成用 1

中請人等作成用 For applicant, part 1 日本国政府法務省

Ministry of Justice, Government of Japan

| To the Director General of Regional Immigration Bureau  山入国管理及び難民認定法第20条第2項の規定に基づき、次のとおり在留資格の変更を申請します。                                                                                                                                                                                                                                        |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 出入国管理及び難民認定法第20条第2項の規定に基づき、次のとおり在留資格の変更を申請します。 Pursuant to the provisions of Paragraph 2 of Article 20 of the Immigration Control and Refugee Recognition Act. I hereby apply for a change of status of residence  1 国籍・地域 2 生年月日 年 月 Nationality/Region Given name  3 氏名 Name 4 性別男・女 5 出生地 月 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日            | 真                                                            |
| Nationality/Region                                                                                                                                                                                                                                                                                                                            | × 30mm                                                       |
| 3 氏名 Name 4 性別 男・女 Sex Male / Female 7 職業 Occupation Home town/city 9 住居地 Address in Japan 電話番号 Telephone No. 10 旅券 (1)番号 Passport Number 11 現に有する在留資格 Status of residence 在留期間の満丁日 Date of expiration 12 在留力ード番号 Residence card number 13 希望する在留資格                                                                                           | 日<br>Day                                                     |
| 4 性 別 男・女 5 出生地 6 配偶者の有無 有 Marital status Married 7 職 業 0 ccupation 9 住居地 Address in Japan 電話番号 Telephone No. 10 旅券 (1)番号 Passport Number 2 Date of expiration 現に有する在留資格 Status of residence 在留期間の満了日 Date of expiration Year Month 12 在留力・ド番号 Residence card number 13 希望する在留資格                                                              |                                                              |
| Address in Japan 電話番号 Telephone No.  10 旅券 (1)番号 Passport Number Date of expiration Year Month  11 現に有する在留資格 Status of residence 在留期間の満了日 Date of expiration Year Month  年月日 Date of expiration Address in Japan  様 月 Passport Number Period of stay  在留期間の満了日 日 Date of expiration Period of stay  在留力・ド番号 Residence card number  3 希望する在留資格 | ・ 無<br>/ Single                                              |
| 10 旅券 (1)番号 (2)有効期限 年 月 Passport Number Date of expiration Year Month  11 現に有する在留資格 在留期間 Period of stay 在留期間の満了日 年 月 日 Date of expiration Year Month Day  12 在留力ード番号 Residence card number                                                                                                                                                    |                                                              |
| 11 現に有する在留資格 在留期間 Period of stay 在留期間の満了日 年 月 日 Date of expiration Year Month Day 12 在留カード番号 Residence card number 13 希望する在留資格                                                                                                                                                                                                                | H B                                                          |
| 在留期間の満了日 年 月 日 Date of expiration Year Month Day  12 在留カード番号 Residence card number 13 希望する在留資格                                                                                                                                                                                                                                                | Day                                                          |
| Residence card number 13 希望する在留資格                                                                                                                                                                                                                                                                                                             |                                                              |
|                                                                                                                                                                                                                                                                                                                                               |                                                              |
|                                                                                                                                                                                                                                                                                                                                               |                                                              |
| 在留期間 (審査の結果によって希望の期間とならない場合があります Period of stay (It may not be as desired after examination.)                                                                                                                                                                                                                                                 | .)                                                           |
| 14 変更の理由<br>Reason for change of status of residence                                                                                                                                                                                                                                                                                          |                                                              |
| 15 犯罪を理由とする処分を受けたことの有無(日本国外におけるものを含む。) Criminal record (in Japan / overseas 有(具体的内容 )<br>Yes (Detail: )                                                                                                                                                                                                                                       | ・無<br>/ No                                                   |
| 16 在日親族(父・母・配偶者・子・兄弟姉妹など)及び同居者<br>Family in Japan(Father, Mother, Spouse, Son, Daughter, Brother, Sister or others) or co-residents                                                                                                                                                                                                           |                                                              |
| Deciding with Decidence                                                                                                                                                                                                                                                                                                                       | ー ド 番 号<br>Main a main a main a main a main a<br>Card number |
| Relationship Name Date of birth Nationalty/Region Applicant or not は はいっしいた                                                                                                                                                                                                                                                                   | esident Certificate numb                                     |
| Yes / No<br>はいいいえ                                                                                                                                                                                                                                                                                                                             |                                                              |
| Yes / No<br>/はいいたえ<br>Yes / No                                                                                                                                                                                                                                                                                                                |                                                              |
| fはいいいえ<br>Yes / No                                                                                                                                                                                                                                                                                                                            |                                                              |
| はい・いとえ<br>  Yes / No<br>  ほい・いとえ                                                                                                                                                                                                                                                                                                              |                                                              |
| ※ 16については、記載欄が不足する場合は別紙に記入して添付すること。 なお、「研修」、「技能実習」に係る申請の場合は記載不要です。                                                                                                                                                                                                                                                                            |                                                              |

(注) 裏面参照の上、申請に必要な書類を作成して下さい。 Note: Please fill in forms required for application. (See notes on reverse side.)

Source: Ministry of Justice APPLICATION FOR CHANGE OF STATUS OF RESIDENCE





#### **B** Status of residence

Back to the top of B Status of residence

2 Extention of period of stay, change of status of residence, application for permission for permanent residence, permission to engage in an activity other than that permitted by the status of residence previously granted, re-entry permit, and acquisition of status of residence

#### 2-5 Application for permission for permanent residence

People who wish to stay permanently in Japan must apply for permission for permanent residence.

You can apply for permission for permanent residence at your regional immigration bureau. If you are granted permission for permanent residence, you will become a permanent resident and can stay in Japan for your entire life while keeping your nationality. Procedures for extension of period of stay and procedures for change of status of residence are not necessary, but when you leave Japan (for example for a vacation) you must have a re-entry permit. (However, if you possess a valid passport and Residence Card, and return to Japan within 1 year after leaving the country, a re-entry permit is nor required.) There are a number of conditions necessary for permission for permanent residence, so for details please contact your nearest regional immigration bureau.

Fee: 8,000 yen (stamp) when permission is given



#### **B** Status of residence

Back to the top of B Status of residence

2 Extention of period of stay, change of status of residence, application for permission for permanent residence, permission to engage in an activity other than that permitted by the status of residence previously granted, re-entry permit, and acquisition of status of residence

# 2-6 Permission to engage in an activity other than that permitted by the status of residence previously granted

If, for example, a foreign college student wishes to take a part-time job, he or she must get permission to do this. (However, foreign students [4th year, 5th year or post-graduate students only] do not need to get permission to do work as a teacher assistant, or research assistant in the university or college they are enrolled in.)

If a person whose status does not allow him or her to work wishes to undertake activities to earn an income, such as a part-time job, he or she must acquire permission to engage in an activity other than that permitted by the status of residence previously granted from his or her regional immigration bureau. If you are a student or dependent and working part-time, there are limitations on work content. If you engage in employment which is not with the scope of activities permitted by your status of residence, this will constitute "illegal work" and you will be subject to penalties. For details please contact your nearest regional immigration bureau.

| Necessary documents                                                                                                                                          | Where to submit application/enquiries                                                                                                                                               | When                                                                                                                | Fee  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------|
| 1 Application for permission to engage in activity other than that permitted under the status of residence previously granted 2 Document which clarifies the | Where to submit application:                                                                                                                                                        |                                                                                                                     |      |
| contents of the activities relating to the permission to engage in an activity other than that permitted by the status of residence previously granted       | Regional immigration bureau in the area where you live Enquiries: Regional immigration bureau in the area where you live, or a foreign residence general information center (please | When you want to receive remuneration for activities other than those in the status of residence currently acquired | Free |
| 3 Passport or residence status certification                                                                                                                 | refer to "4 Inquiries concerning status of residence")                                                                                                                              | carrerialy acquired                                                                                                 |      |
| 4 Residence Card, etc.                                                                                                                                       |                                                                                                                                                                                     |                                                                                                                     |      |
| 5 Documents, etc. proving personal identification (when an application is being made by a proxy)                                                             |                                                                                                                                                                                     |                                                                                                                     |      |



#### **B** Status of residence

Back to the top of B Status of residence

Sample

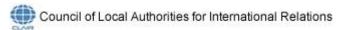
別記第二十八号様式(第十九条関係)

日本国政府法務省

Ministry of Justice, Government of Japan 由 活 動 可 APPLICATION FOR PERMISSION TO ENGAGE IN ACTIVITY OTHER THAN THAT PERMITTED UNDER THE STATUS OF RESIDENCE PREVIOUSLY GRANTED 入国管理局長 To the Director General of Regional Immigration Bureau 出入国管理及び難民認定法第19条第2項の規定に基づき、次のとおり資格外活動の許可を申請します。 Pursuant to the provisions of Paragraph 2 of Article 19-2 of the Immigration Control and Refugee Recognition Act, I hereby apply for permission to engage in activities other than those permitted under the status of residence previously granted. 2 生年月日 1 国籍·地域 年. H Nationality / Region Date of birth Year Month Day 3 氏 名 Name 4 性 別 男・女 無 6 職業 5 配偶者の有無 有 • Married / Single Male/Female Occupation Sex 7 住居地 Address in Japan 電話番号 携带電話番号 Telephone No. Cellular Phone No. 8 旅券 (1)番 号 (2)有効期限 年 月 H Passport Date of expiration Month Day 現に有する在留資格 在留期間 Status of residence Period of stay 在留期間の満了日 年 H 10 在留カード番号 Date of expiration Year Month Day Residence card No 11 現在の在留活動の内容(学生にあっては学校名及び週間授業時間) Present activity (for student: name of school, lesson hours per week) Other activity to engage in 12 他に従事しようとする活動の内容 □ 語学教師 □ 翻訳・通訳 □ その他( (1)職務の内容 Type of activity Translation / Interpretation Language teaching (2)雇用契約期間 (3)週間稼働時間 Term of employment contract Working hours per week (4)報酬 円( □月額 □ 凋額 □日額) Salary Yen Monthly Weekly Daily 13 勤務先 Place of employment (1)名称 Name (2)所在地 電話番号 Address Telephone. No. (3)業種 □ 製造 □商業 □ 教育 □その他 Type of business Manufacturing Commerce Education 14 法定代理人(法定代理人による申請の場合に記入) Legal representative (in case of legal representative) (2)本人との関係 (1)氏 名 Name Relationship with the applicant (3)住 所 電話番号 携帯電話番号 Cellular Phone No. Telephone No 以上の記載内容は事実と相違ありません。I hereby declare that the statement given above is true and correct. 申請人(法定代理人)の署名/申請書作成年月日 Signature of the applicant (legal representative) / Date of filling in this form 年 月 Day 注 章 申請書作成後申請までに記載内容に変更が生じた場合、申請人(法定代理人)が変更簡所を訂正し、署名すること。 Attention In cases where descriptions have changed after filling in this application form up until submission of this application, the applicant (legal representative) must correct the part concerned and sign their name. ※ 取次者 Agent or other authorized person (1)氏 名 (2)住 所 Name Address (3)所属機関等 Organization to which the agent belongs 電話番号 Telephone No.

Source: Ministry of Justice <u>APPLICATION FOR PERMISSION TO ENGAGE IN ACTIVITY OTHER THAN THAT PERMITTED UNDER THE</u>

STATUS OF RESIDENCE PREVIOUSLY GRANTED





## **B** Status of residence

Back to the top of B Status of residence

2 Extention of period of stay, change of status of residence, application for permission for permanent residence, permission to engage in an activity other than that permitted by the status of residence previously granted, re-entry permit, and acquisition of status of residence

#### 2-7 Re-entry permits

In the event that a person with status of residence leaves Japan temporarily (for example on vacation), he or she must be granted a re-entry permit from his or her regional immigration bureau. Likewise, if you need temporary leave from Japan during your period of stay and intend to re-enter Japan, carry out the procedures for the "Re-entry permit" prior to departure, and there is no need to re-apply for a visa to stay in Japan with the same status of residence that you had prior to your departure when you enter Japan next time.

#### (1) What is the re-entry permit?

If a person possessing status of residence other than short-term residence (those who have entered Japan for a short period for purposes other than to become employed such as for tourism, business, visiting relatives and acquaintances etc.) leaves Japan temporarily without being granted a re-entry permit through the necessary procedures, he or she will lose the status of residence currently held.

(\* Regarding the special re-entry permit system, refer to <u>A New Residency Management System for Foreign Residents, 1-1(2) Special re-entry permit system</u>)

#### (2) Single entry permits and multiple entry permits

There are two types of re-entry permit: single entry permits and multiple entry permits.

Single entry permit: Valid for one time

Multiple entry permit: Can be used any number of times within a limited period

#### (3) Date of expiration

The period of re-entry is limited to the period of stay of the residence, and is a maximum of 5 years (special permanent residents a maximum is 6 years). It is not permitted to exceed the period of stay. The application period for permission is up to prior to the expiry of your period of stay.



## B Status of residence

| Necessary documents                                                                                                                                                                                                                           | Where to submit application/enquiries                                                                                                                                                                                                                                    | Until when                                                                         | Fee                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol> <li>Application for re-entry permit</li> <li>Passport</li> <li>Residence Card or special permanent resident certificate, etc.</li> <li>Personal identification documents, etc. (when an application is being made by a proxy)</li> </ol> | Where to submit application: Regional immigration bureau in the area where you live  Enquiries: Regional immigration bureau in the area where you live, or a foreign residence general information center (please refer to "4 Inquiries concerning status of residence") | Apply within your period of stay, up to prior to the expiry of your period of stay | <single entry<br="">permit&gt;<br/>3,000 yen<br/>(stamp)<br/><multiple<br>entry<br/>permits&gt;<br/>6,000 yen<br/>(stamp)<br/>when<br/>permission<br/>is given</multiple<br></single> |



## **B** Status of residence

Back to the top of B Status of residence

日本国政府法務省 Sample

| 別記第四十 | 号様式 | 第二- | 十九条 | 関係) |
|-------|-----|-----|-----|-----|
|-------|-----|-----|-----|-----|

| _        |                                                                  |                                         |                       |                      |                    | 09A 11@10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Justice, Gove              | пинен от заран  |
|----------|------------------------------------------------------------------|-----------------------------------------|-----------------------|----------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|
|          | 再                                                                | 入                                       | 国許                    | 可                    |                    | 青 書                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                 |
|          |                                                                  |                                         | ICATION FOI           | R RE-ENTE            | RY PERMIT          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
| l        |                                                                  | 入国管理局                                   |                       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
| l        | To the Director General of                                       |                                         | nmigration Bureau     |                      |                    | 6-74 m=±1 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | . <u>.</u>                 |                 |
|          | 出入国管理及び難民認定法第                                                    |                                         |                       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
| 1        | Pursuant to the provisions of Article 26,                        | Paragraph 1 of t                        |                       |                      | ugee-Recognitio    | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 100                        | *               |
| 1        | 国籍·地域                                                            |                                         |                       | E年月日<br>ate of birth |                    | 年<br>Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 月<br>Month                 | Dov.            |
| 3        | Nationality / Region<br>氏 名                                      |                                         |                       | ate of pitti         |                    | real                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | WORLD                      | Day             |
| 0        | Name                                                             |                                         |                       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
| 4        |                                                                  | 出生地                                     |                       |                      |                    | 6 配偶者                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | の有無                        | 有・無             |
|          | Sex Male / Female                                                | Place of birth                          |                       |                      |                    | Marital sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            | arried / Single |
| 7        | 職業                                                               | 8                                       | 本国におけ                 | る居住地                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
| 1520     | Occupation                                                       |                                         | Home town             | ı / city             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
| 9        | 住居地                                                              |                                         |                       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
|          | Address in Japan                                                 |                                         |                       | 14: 41: as-3         | T. 10. D           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
|          | 電話番号<br>Telephone No.                                            |                                         |                       | 携帯電記<br>Cellular Pho |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
| 10       | 旅券 (1)番 号                                                        |                                         |                       | 2)有効期限               |                    | 年                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 月                          |                 |
| 10       | Passport Number                                                  |                                         | (2                    | Date of expi         |                    | Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Month                      |                 |
| 11       | 現に有する在留資格                                                        |                                         |                       |                      | 在留期                | - A-0.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                 |
|          | Status of residence                                              |                                         |                       |                      | Period of          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
|          | 在留期間の満了日                                                         | 年                                       | 月                     | 日                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
| en en en | Date of expiration                                               | Year                                    | Month                 | Da                   | Y                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
| 12       | 在留カード番号/特別永住                                                     |                                         |                       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
| 10       | Residence card number / Special Perm                             |                                         | enincate number<br>親族 |                      | ] 留学 [             | 7 Z. D/th (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            | 1               |
| 13       | 渡航目的 □ 観光<br>Purpose of visit Tourism                            | □ 商用<br>Business                        |                       | aのpp に<br>elatives   | 国子 L<br>Study      | □ その他(<br>Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            | )               |
| 14       | 予定渡航先国名                                                          | Dusiness                                | VISICIO               | adires               | Judy               | Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                 |
| 1.       | Expected destinations                                            |                                         |                       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
| 15       | 出国予定年月日·港                                                        |                                         | 年                     | 月                    | 日                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | (空)港            |
|          | Expected date and port of departure                              | -                                       | Year                  | Month                | Day                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | (Air) Port      |
| 16       | 再入国予定年月日·港                                                       |                                         | 年                     | 月                    | 日                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | (空)港            |
| 17       | Expected date and port of re-entry                               |                                         | Year                  | Month                | Day _              | □ *h*\h* □                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 正 1 団体 2                   | (Air) Port      |
| 11       | 希望する再入国許可<br>Which type of re-entry permit do you ap             | nlv?                                    | □ 1回限り<br>Single      | の件八国語                | 计叫                 | ロ 数 (人 v )<br>Multiple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 再入国許可                      | -1              |
| 18       | 犯罪を理由とする処分を受                                                     |                                         |                       | しにおけるも               | のを含む。)             | Car Charles Commence - Carlos | d (in Japan / ov           | rerseas)        |
| -        | 有(具体的内容                                                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ли ( н т ш г )        | 1-4-1,00             | - 6 1 3 0 7        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ) • 4                      |                 |
| Secretar | Yes (Detail:                                                     |                                         |                       |                      | 100 0 0 0          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ) / No                     |                 |
| 19       | 確定前の刑事裁判の有無                                                      | (日本国外に                                  | おけるものを                | と含む。)                | Criminal action    | n before confirmin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                 |
|          | 有(具体的内容<br>Yes (Detail:                                          |                                         |                       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ) • <del>4</del><br>) / No |                 |
| 20       | 旅券を取得することができた                                                    | 1.1担本/+                                 | その理由                  | In case that         | you cannot obta    | ain a passport, fill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                 |
| 20       | がみを取得することがくさん                                                    | いっかロロス                                  | での産田                  | in case mai          | you carnot obto    | анта разэрон, ни                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | iii uie ieasoii.           |                 |
|          |                                                                  |                                         |                       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
| 21       | 法定代理人(法定代理人に                                                     | よる申請の場                                  | 場合に記入)                | Legal repres         | sentative (in cas  | e of legal represe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ntative)                   |                 |
|          | (1)氏 名                                                           |                                         |                       |                      | 人との関係              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
|          | Name                                                             |                                         |                       | _ Re                 | lationship with th | ne applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            | <del></del>     |
|          | (3)住所<br>Address                                                 |                                         |                       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
|          | 電話番号                                                             |                                         |                       | 堆                    | 帯電話番号              | 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                 |
|          | Telephone No.                                                    |                                         |                       |                      | Ilular Phone No.   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
|          | 以上の記載内容は事                                                        | 実と相違                                    | ありません                 | ん。Thereby            | y declare that th  | e statement given                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | above is true a            | and correct.    |
|          | 申請人(法定代理人)の署                                                     |                                         |                       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
|          |                                                                  |                                         |                       |                      |                    | 年                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 月                          | B               |
|          | <u> </u>                                                         |                                         |                       |                      |                    | Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Month                      | Day             |
|          | 注 意 申請書作成後申請まで                                                   |                                         |                       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
|          | Attention In cases where descriptions ha                         |                                         |                       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | on, the applica            | nt (lega        |
|          | representative) must correct th<br>取次者 Agent or other authorized | ne part concerned                       | and sign their na     | ame.                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
| \^`      |                                                                  | регоон                                  | (0\A+ =               | E                    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
|          | (1)氏名<br>Name                                                    |                                         | (2)住 月<br>Addre       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |
|          | (3)所属機関等(親族等につ                                                   | ハては、木人                                  |                       |                      | 雷言                 | 括番号                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                 |
| l        | Organization to which the agent belo                             |                                         |                       | p with the appli     |                    | hone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                 |
|          |                                                                  |                                         |                       |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                 |

Source: Ministry of Justice APPLICATION FOR RE-ENTRY PERMIT





#### **B** Status of residence

Back to the top of B Status of residence

2 Extention of period of stay, change of status of residence, application for permission for permanent residence, permission to engage in an activity other than that permitted by the status of residence previously granted, re-entry permit, and acquisition of status of residence

#### 2-8 Acquisition of status of residence

For a child who has been born in Japan and does not have Japanese nationality to reside in Japan, an application must be made at the immigration bureau whose jurisdiction they are under, and procedures carried out for the acquisition of status of residence within 30 days of the child's birth. However, there is no need to do this in the event that the child will leave the country within 60 days.

| Necessary documents                                                                                                                                                                                                                                     | Where to submit application/enquiries                                                                                                                                                                                                                                   | From when / until when                                                                                                                                           | Fee  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <ol> <li>Application for permission to acquire status of residence</li> <li>Birth certificate, Maternal and Child Health Handbook etc.</li> <li>Both parents' passports, or both parents' Residence Cards</li> <li>Letter of guarantee, etc.</li> </ol> | Where to submit application: Regional immigration bureau in the area where you live Enquiries: Regional immigration bureau in the area where you live, or a foreign residence general information center (please refer to "4 Inquiries concerning status of residence") | Within 30 days of<br>the child's birth;<br>however, there is<br>no need to do this<br>in the event that the<br>child will leave the<br>country within 60<br>days | Free |



## **B** Status of residence

Back to the top of B Status of residence

**Sample** 

別記第三十六号様式(第二十四条関係)

日本国政府法務省

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                        |                              |                                           | r⊌nnisu y c             | of Justice, Gov         | ernment of Japar           |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------|------------------------------|-------------------------------------------|-------------------------|-------------------------|----------------------------|
|                           | 在                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 留資格                                           | 3 取得意                  | 午 可 申                        | 請書                                        |                         |                         |                            |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N FOR PERMI                                   |                        |                              |                                           | IDENCE                  |                         |                            |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 管理局長 屬                                        | 5                      |                              |                                           |                         |                         |                            |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | egional Immigration I                         |                        | 作田 ナッ坦 △                     | x+. A+. \ \ \ \                           | 日中に甘る                   |                         |                            |
|                           | 国管理及び難民認定法第22条のとおり在留資格の取得を申請し                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | 米の3にわいて                | 単川りの場合                       | rをBU。1007                                 | 祝化に盛つ                   | 1                       | 写 真                        |
| Pursuant to               | the provisions of Paragraph 2 of Article 22-2<br>1 Refugee Recognition Act, 1 hereby apply for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (including cases where                        | the same shall apply r | nutatis mutandis u           | under Article 22-3) o                     | f the Immigration       |                         | Photo                      |
| 国籍•                       | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2 生年月                                         |                        | 年                            | 月                                         | B                       |                         |                            |
| Nationality               | /Region                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date of                                       | birth                  | Year                         | Month                                     | Day                     | .   40m                 | m×30mm                     |
| 氏名                        | Family name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Given name                                    |                        |                              |                                           |                         |                         |                            |
| Name                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                        |                              |                                           |                         |                         | 140                        |
| 性 別<br>Sex                | 男 · 女 5 出生<br>Male / Female Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |                        |                              | 6                                         | 配偶者のA<br>Marital status | 有無                      | 有 · 無<br>Married / Single  |
| 職業                        | wide / Tellide Flace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | 国における居住                | 主地                           |                                           | wanta status            |                         | Married / Single           |
| Occupation                | n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ho                                            | me town / city         | 70                           |                                           |                         |                         |                            |
| 住居地<br>Address in         | n Janan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |                        |                              |                                           |                         |                         |                            |
| 電話番                       | 200 anno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | 携帯電                    | 直話番号                         |                                           |                         |                         |                            |
| Telephone                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                        | phone No.                    |                                           | Interes                 | н                       |                            |
| O 旅券<br>Passport          | (1)番 号<br>Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                        | 効期限<br>e of expiration       |                                           | 年<br>Year               | 月<br>Month              | 日<br>Day                   |
| 1 在留資                     | ・格取得の事由 □ 出生                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               | 離脱•喪失                  | ロその                          |                                           |                         |                         | )                          |
|                           | application Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Loss of                                       | Japanese nationality   | Othe                         | rs                                        |                         |                         |                            |
| 2 在留の<br>Purpose o        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                        |                              |                                           |                         |                         |                            |
| 3 希望す                     | る在留資格                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |                        |                              | 留期間                                       |                         |                         |                            |
|                           | atus of residence<br>族(父·母·配偶者·子·兄弟姉                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ++> (2) T- 18 FT F                            | ⊋. ≠ Fomily in Jon     |                              | od of stay                                | Novembras Deotho        | r Cistor or oth         | ara) or ac racidar         |
| 続 柄                       | 庆(文·母·配偶者·于·兄弟如)<br>氏 名                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 生年月日                                          | 国籍·地域                  |                              | w, spouse, son, i<br>勤務先・                 | _                       | <b>在留</b>               | カード番号                      |
| 2/62 12/3<br>200 201 1000 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date of birth                                 |                        | Dociding with                |                                           |                         |                         | 者証明書番号<br>ice card number  |
| Relationship              | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date of birth                                 | Nationality / Region   | applicant or not<br>はいいいえ    | Place of emplo                            | ymeneschool             | Special Permanen        | t Resident Certificate nun |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                        | Yes / No                     |                                           |                         |                         |                            |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                        | はい・いいえ<br>Yes/No             |                                           |                         |                         |                            |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                        | はいいいえ                        |                                           |                         |                         |                            |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                        | Yes / No<br>はい・いいえ           |                                           |                         |                         |                            |
| 5 左日島                     | プラス アラス アラス アラス アラス アラス アラス Pin Taylor Turner Tur | tor in Japan                                  | 0                      | Yes / No                     |                                           |                         |                         |                            |
| (1)氏                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | пот пт зарап                                  |                        | (2)本人との                      | 0関係                                       |                         |                         |                            |
| Nam                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                        | Relations                    | hip with the applic                       | ant                     |                         |                            |
| (3)住<br>Addr              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                        |                              |                                           |                         |                         |                            |
|                           | 舌番号                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                        | 帯電話番号                        | 1                                         |                         |                         |                            |
|                           | ohone No.<br>(法定代理人による申請の場                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A17€17\100                                    |                        | lular phone No.              | onrocontativo\                            |                         |                         |                            |
| (1)氏                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TH'VEREZZ) Lei                                | yai representative (ii | rcase or legal io<br>(2)本人との |                                           |                         |                         |                            |
| Nam                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               | <u></u>                | Relations                    | hip with the applic                       | ant                     |                         |                            |
| (3)住<br>Addr              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                        |                              |                                           |                         |                         |                            |
| 電話                        | 舌番号                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                        | 帯電話番号                        | 1                                         |                         |                         |                            |
|                           | ohone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | to 125 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 1 |                        | ular phone No.               |                                           |                         | Post Control of Control |                            |
|                           | の記載内容は事実と<br>(法定代理人)の署名/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                        |                              | at the statement g<br>plicant (legal repr |                         |                         |                            |
| T 1117                    | ((仏社)(社)()()(日石)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T III II II II/W                              | TZH ∨9                 | ratare or the ap             | 年                                         |                         | 月                       | 日                          |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                        |                              | Ye                                        | ar                      | Month                   | Day                        |
| 注 意                       | 申請書作成後申請までに言                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                        |                              |                                           |                         |                         |                            |
| Attention                 | In cases where descriptions have ch<br>must correct the part concerned and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | 13.10                  | up unui submis               | 400                                       | аион, ине аррис         | ani (iegai iepi         | esentauve)                 |
| 《 取次者                     | Agent or other authorized person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                        |                              |                                           |                         |                         |                            |
| (1)氏<br>Nam               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (2)                                           | )住所<br>Address         |                              |                                           |                         |                         |                            |
|                           | 。<br> 機関等(親族等については、                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 本人との関係)                                       |                        |                              | 電話番号                                      |                         |                         |                            |
|                           | nization to which the agent belongs (in ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |                        | licant)                      | Telephone No.                             |                         |                         |                            |
|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                        |                              |                                           |                         |                         |                            |

Source: Ministry of Justice <u>APPLICATION FOR PERMISSION TO ACQUIRE STATUS OF RESIDENCE A</u>





## **B** Status of residence

Back to the top of B Status of residence

#### 3 Acquisition of work qualification certificate

The work qualification certificate is for the convenience of the foreigner and his or her employer. It is an authorization of status of residence proving specifically that the person is able to carry out the tasks of employment, if the foreigner wishes to do so. Apply at your regional immigration bureau.

| Necessary documents                                                                                                                                                                                                                                                                                                                                                              | Where to submit application/enquiries                                                                                                                                                                                                                                    | When           | Fee                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------|
| <ol> <li>Application for certificate of authorized employment</li> <li>Residence Card</li> <li>Passport or residence status certification</li> <li>Permission to engage in an activity other than that permitted by the status of residence previously granted (if permission to engage in an activity other than that permitted by the status has been granted) etc.</li> </ol> | Where to submit application: Regional immigration bureau in the area where you live  Enquiries: Regional immigration bureau in the area where you live, or a foreign residence general information center (please refer to "4 Inquiries concerning status of residence") | When necessary | 900 yen<br>(stamp)<br>when<br>permission is<br>issued |



### **B Status of residence**

Back to the top of B Status of residence

別記第二十九号の五様式(第十九条の四関係)

日本国政府法務省 Ministry of Justice, Government of Japan **Sample** 

|      | APF                                                                                                                   | PLICATION FO                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Sea Tree Liverine                                                                                                                                         |                                                                                                        |                                                                           |                                               |
|------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------|
|      | 145 W074455-705-655-647607                                                                                            | 入国管                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 殿                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                           |                                                                                                        |                                                                           |                                               |
|      | To the Director General of<br>出入国管理及び難民認                                                                              | Regional Imm                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tota wasten                                                                                                                                               | Maries 20th 40 employed                                                                                | Early of California and                                                   |                                               |
|      | Pursuant to the provisions of P<br>authorized employment.                                                             |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |                                                                                                        |                                                                           |                                               |
|      | 国籍·地域<br>Nationality/Region                                                                                           |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 年月日<br>ate of birth                                                                                                                                       | 年<br>Year                                                                                              | 月<br>Month                                                                | 月<br>Day                                      |
|      | 氏 名<br>Name                                                                                                           | шсин                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |                                                                                                        |                                                                           |                                               |
|      | 性 別 男・女<br>Sex MaloFemale                                                                                             | 5 住居地<br>Address in                                                                                        | Japan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |                                                                                                        |                                                                           |                                               |
|      | 電話番号<br>Telephone No.                                                                                                 |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 專帯電話番号<br>ellular Phone No.                                                                                                                               | 2                                                                                                      |                                                                           |                                               |
|      | 旅券 (1)番号<br>Passport Mumber                                                                                           |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 勃期限<br>ate of expiration                                                                                                                                  | 4∓.<br>Year                                                                                            | 月<br>Month                                                                | 月<br>Day                                      |
|      | 在留の資格<br>Status of residence                                                                                          |                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 在留期<br>Period of s                                                                                                                                        |                                                                                                        |                                                                           |                                               |
|      | 在留期間の満了日<br>Date of expiration                                                                                        | 年<br>Year                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 月<br>Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 日<br>Day                                                                                                                                                  |                                                                                                        |                                                                           |                                               |
|      | 証明を希望する活動の                                                                                                            | ial Permanent Resid<br>)内容 Desire                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | o be certifie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           |                                                                                                        |                                                                           |                                               |
| 0    | 就労する期間<br>Period of work                                                                                              | o内容 Desire<br>年                                                                                            | d activity to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | o be certifie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d<br>日から                                                                                                                                                  | 年                                                                                                      | Я                                                                         | 1000                                          |
| 0    | 就労する期間<br>Period of work from<br>使用目的                                                                                 | o内容 Desire                                                                                                 | d activity to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | o be certifie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d                                                                                                                                                         | 年<br>Year                                                                                              | 月<br>Month                                                                | 日主:<br>Day                                    |
| 0    | 就労する期間 Period of work from 使用目的 Purpose of use 法定代理人(法定代) (1)氏 名 Name (3)住 所                                          | P Desire<br>年<br>Year                                                                                      | d activity to<br>月<br>Mor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | o be certifier<br>with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 日から<br>Day to                                                                                                                                             | Year<br>e (in case of legal re                                                                         | Month                                                                     | 100                                           |
| 0    | 就労する期間 Period of mork from 使用目的 Purpose of use 法定代理人(法定代) (1)氏 名 Name                                                 | P Desire<br>年<br>Year                                                                                      | d activity to<br>月<br>Mor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | o be certifier<br>with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 日 から Day to Legal representative 2)本人との関係                                                                                                                 | Year<br>e (in case of legal re<br>e applicant                                                          | Month                                                                     | 1000                                          |
| 0    | 就労する期間 Period of work trom 使用目的 Purpose of use 法定代理人(法定代) (1)氏 名 Name (3)住 所 Address 電話番号                             | の内容 Desire 年<br>Year  E人による申請                                                                              | 月<br>Mor<br>Mor<br>Maganta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | o be certified that the certif | 日から<br>Day to<br>Legal representative<br>2)本人との関係<br>Rotationship with th<br>携帯電話番号<br>Cellular phone No.<br>ん。Thereby declar                             | Year  e (in case of legal re e applicant  e that the statemen                                          | Month spresentative)                                                      | Day e and correc                              |
| 0    | 就労する期間 Period of work  trom 使用目的 Purpose of use 法定代理人(法定代) (1)氏 名 Name (3)住 所 Address 電話番号 Telephone No 以上の記載内容       | の内容 Desire 年<br>Year  E人による申請                                                                              | 月<br>Mor<br>Mor<br>Maganta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | o be certified that the certif | 日から<br>Day to<br>Legal representative<br>2)本人との関係<br>Rotationship with th<br>携帯電話番号<br>Cellular phone No.<br>ん。Thereby declar                             | Year  e (in case of legal re e applicant  e that the statemen                                          | Month spresentative)                                                      | e and correc                                  |
| 00   | 就労する期間 Period of work  trom 使用目的 Purpose of use 法定代理人(法定代) (1)氏 名 Name (3)住 所 Address 電話番号 Telephone No 以上の記載内容       | 中<br>年<br>Year<br>単人による申請<br>は 事 実 と 相<br>は の署名 / 申<br>Mat でに記載内名<br>ptions have change                    | 月 Mor Market M | ath に記入)<br>(ご<br>りませり<br>が生じた場g in this app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 日から Day to  Legal representative 2)本人との関係 Rodallonship with th 携帯電話番号 Cellular phone No. ん。Thereby declar 日 Signature of the                              | Year e (in case of legal re e applicant  e that the statemen applicant (legal represent Year  大理人)が変更多 | Month spresentative)  I given above is true sentative) / Date of I  Month | Day e and correct intog in this f Der         |
| 0011 | 就労する期間 Period of work  作用目的 Purpose of use 法定代理人(法定代) (1)氏 名 Name (3)住 所 Address 電話番号 Telephone No. 以上の記載内容 申請人(法定代理人 | 中<br>年<br>Year  単人による申請<br>は 事 実 と 相<br>は の署名 / 申<br>動までに記載内名<br>ptions have change<br>comed the part con- | 月 Mor Market M | ath に記入)<br>(ご<br>りませり<br>が生じた場g in this app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 日から Day to  Legal representative 2)本人との関係 Rodallonship with th 携帯電話番号 Cellular phone No. ん。Thereby declar 日 Signature of the fication form up until same. | Year e (in case of legal re e applicant  e that the statemen applicant (legal represent Year  大理人)が変更多 | Month spresentative)  I given above is true sentative) / Date of I  Month | Day e and correct iting in this fi Dey 4名すること |

Source: Ministry of Justice <u>APPLICATION FOR CERTIFICATE OF AUTHORIZED EMPLOYMENT</u>





#### **B** Status of residence

Back to the top of B Status of residence

#### 4 Inquiries concerning status of residence

The Immigration Bureau has installed foreign residence general information centers in regional immigration bureaus and branches in Sendai, Tokyo, Yokohama, Nagoya, Osaka, Kobe, Hiroshima and Fukuoka to respond to people enquiries regarding immigration procedures and status of residence procedures. Enquiries made over the telephone or from visitors can here be dealt with not only in Japanese but also in other languages (English, Korean, Chinese, Spanish, etc.).

In addition, counselors are installed in regional immigration bureaus/branches in Sapporo, Takamatsu and Naha to deal with enquiries over the telephone and from visitors. Please feel free to use these services.

|             |           | Postal code | Address                                                                                                 | Phone                                           |
|-------------|-----------|-------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| •           | Sendai    | 〒983-0842   | Gorin 1-3-20, Miyagino-ku, Sendai City, Miyagi Prefecture                                               |                                                 |
|             | Tokyo     | 〒108-8255   | Konan 5-5-30, Minato-ku, Tokyo                                                                          |                                                 |
| Foreign     | Yokohama  | 〒236-0002   | Torihamacho 10-7, Kanazawa-ku, Yokohama City, Kanagawa Prefecture                                       |                                                 |
| residence   | Nagoya    | 〒455-8601   | Shohocho 5-18, Minato-ku, Nagoya City, Aichi Prefecture                                                 | 0570-013904                                     |
| general     | Osaka     | 〒559-0034   | Nankokita 1-29-53, Suminoe-ku, Osaka City, Osaka                                                        | (from abroad<br>or by IP, PHS:<br>03-5796-7112) |
| information | Kobe      | 〒650-0024   | Kaigandori 29, Chuo-ku, Kobe City, Hyogo Prefecture                                                     |                                                 |
| centers     | Hiroshima | 〒730-0012   | Kamihacchobori 2-31, Naka-ku, Hiroshima City, Hiroshima Prefecture                                      | Weekdays                                        |
|             | Fukuoka   | 〒812-0003   | Fukuoka Airport Domestic Terminal No.3, Shimousui 778-1,<br>Hakata-ku, Fukuoka City, Fukuoka Prefecture | from 8:30 A.M.<br>to 5:15 P.M.                  |
| Installed   | Sapporo   | 〒060-0042   | Odorinishi 12 chome, Chuo-ku, Sapporo City, Hokkaido<br>Prefecture                                      |                                                 |
| counselors  | Takamatsu | 〒760-0033   | Marunouchi 1-1, Takamatsu City, Kagawa Prefecture                                                       |                                                 |
|             | Naha      | 〒900-0022   | Higawa 1-15-15, Naha City, Okinawa Prefecture                                                           |                                                 |

Source: Immigration Bureau homepage

Besides the above, the Immigration Bureau works together with regional public authorities' consultation offices, to provide "one-stop" consultation offices where consultation and information on immigration procedures, administrative procedures and other everyday living matters can be obtained.

Enquires can be made by phone or in person, not only in Japanese, but also in foreign languages (English, Chinese, etc.).



Back to the top of B Status of residence

|                                                             | Address                                                                                                                     | Tel / Fax Number                            | Available Languages                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Consultation<br>Support Center<br>for Foreign<br>Residence  | 〒160-0021<br>Shinjuku Tabunka Kyosei Plaza<br>Tokyo Kenkou Plaza Haijia 11F<br>2-44-1 Kabuki-cho,<br>Shinjuku-ku,<br>Tokyo  | TEL 03-3202-5535<br>TEL/FAX<br>03-5155-4039 | English, Chinese (Available Monday through Friday during regular business hours, except Wednesdays of the 2nd and 4th weeks of the month) Portuguese (Thursday, Friday) Spanish (Monday, Thursday) Indonesian (Tuesday) Vietnamese (Friday) Bengali (Tuesday, Wednesday, except Wednesdays of the 2nd and 4th weeks of the month) |
|                                                             |                                                                                                                             | TEL 048-833-3296<br>FAX 048-833-3600        | Consultation and guidance on immigration and residence status – Portuguese (Monday, Wednesday and Friday)                                                                                                                                                                                                                         |
| Saitama<br>Information and<br>Support Center                | ☐ 330-0074  Saitama Prefecture Urawa  Government Offices 3F  5-6-5 Kitaurawa,  Urawa-ku,  Saitama City,  Saitama Prefecture |                                             | Consultation and guidance on labor matters, etc. – English, Portuguese, Spanish, Chinese, Korean, Tagalog, Thai and Vietnamese (Tuesday)                                                                                                                                                                                          |
|                                                             |                                                                                                                             |                                             | Guidance on everyday related matters<br>and services –<br>English, Portuguese, Spanish,<br>Chinese, Korean, Tagalog, Thai and<br>Vietnamese (during regular business<br>hours and days)                                                                                                                                           |
| Hamamatsu                                                   | 〒430-0916                                                                                                                   | TEL 053-458-2170<br>FAX 053-458-2197        | Consultation and information on immigration and residence status – English, Portuguese, Spanish (Wednesday)                                                                                                                                                                                                                       |
| Multicultural<br>Center, One-Stop<br>Consultation<br>Corner | Create Hamamatsu 4F, 2-1 Hayauma-cho, Naka-ku, Hamamatsu City, Shizuoka Prefecture                                          |                                             | Consultation and information on everyday life matters – English (Tuesday through Friday) Portuguese (Tuesday through Friday, Saturday and Sunday) Chinese (Tuesday) Spanish (Wednesday) Tagalog (Thursday)                                                                                                                        |

Source: Immigration Bureau Website