

APPLICATION FOR EXPATRIATE WORKER AUTHORIZATION (EWA)

Submitted to:
 FSM Department of Economic Affairs
 State of _____

Date of Application	
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Name of Enterprise:			
Foreign Investment Permit No.	Date Issued:	Pending:	
Phone:	Fax:	E-Mail:	

Street Address:	
City:	
State or Province:	
Country:	
Zip or Mail Code:	

Automatic EWA (1)

Additional EWA

How Many EWA?

Application Information:

Job Title	Name	Nationality	Justification
(1)			

Job Title	Name	Nationality	Justification
(2)			

(3)			

Use additional sheet for more EWA positions.

Share-holding	Management Role in Enterprise	Police Check	C.V. Attached
(1)			
(2)			
(3)			

A Police Check from the area of residence is required for any foreign applicant who intends to become a Director, Shareholder, or Staff member and must be attached to the final application.

Attach additional information if relevant:

Additional information attached with this application (Please describe):
(1)
(2)

Application submitted by:

First Name	Middle Name	Last Name

NOTE: If any item is not applicable to your application, write "N/A" in the box provided.

Signature: _____

Date: _____

Title: _____

**EXPATRIATE WORKER AUTHORIZATION (EWA)
APPROVAL FORM**

Approved by:

FSM Department of Economic Affairs
State of _____

Name of Enterprise: _____

Foreign Investment Permit: _____ **Date:** _____

Pending: _____

Mailing Address:

EWA Approval For:

Automatic EWA (1)
Job Title:

Additional EWA **No.**

Job Title:
1. _____ 2. _____
3. _____ 4. _____

Signed: _____ **Date:** _____

Title: _____