

在 留 資 格 変 更 許 可 申 請 書
APPLICATION FOR CHANGE OF STATUS OF RESIDENCE

法 務 大 臣 殿
To the Minister of Justice

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 Nationality/Region | ベトナム | 2 生年月日 Date of birth | 2000 | 年 Year | 5 | 月 Month | 3 | 日 Day |
| 3 氏 名 Name | NGUYEN VAN A | | | | | | | |
| Family name | | Given name | | | | | | |
| 4 性 別 <input checked="" type="checkbox"/> 男 ・ <input type="checkbox"/> 女 Sex Male/Female | 5 出生地 Place of birth | 6 配偶者の有無 Marital status | | | <input checked="" type="checkbox"/> 有 Married | | | |
| 7 職 業 Occupation | 建設 | 8 本国における居住地 Home town/city | ハノイ、ベトナム | | | | | |
| 9 住居地 Address in Japan | CHIBA, FUNABASHI | | | | | | | |
| 電話番号 Telephone No. | 045232 | | 携帯電話番号 Cellular phone No. | | 098212 | | | |
| 10 旅券 (1)番 号 Passport Number | 14255 | | (2)有効期限 Date of expiration | | 2030 | | | 年 7 月 5 日 Year Month Day |
| 11 現に有する在留資格 Status of residence | 特定活動 | | 在留期間 Period of stay | | 6月 | | | |
| 在留期間の満了日 Date of expiration | 2025 | | 年 9 月 10 日 Year Month Day | | | | | |
| 12 在留カード番号 Residence card number | AE12452222ER | | | | | | | |
| 13 希望する在留資格 Desired status of residence | 特定技能1号 | | | | | | | |
| 在留期間 Period of stay | 1年 | | (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。) (It may not be as desired after examination.) | | | | | |
| 14 変更の理由 Reason for change of status of residence | 技術を高めるため | | | | | | | |
| 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。)※交通違反等による処分を含む。 Criminal record (in Japan / overseas)*Including dispositions due to traffic violations, etc. | <input type="checkbox"/> 有 (具体的内容 なし) ・ <input type="checkbox"/> 無 Yes (Detail:) / No | | | | | | | |
| 16 在日親族 (父・母・配偶者・子・兄弟姉妹・祖父母・叔(伯)父・叔(伯)母など) 及び同居者 Family in Japan (father, mother, spouse, children, siblings, grandparents, uncle, aunt and others) and anyone you currently reside with | <input type="checkbox"/> 有 (「有」の場合は、以下の欄に在日親族及び同居者を記入してください。) ・ <input checked="" type="checkbox"/> 無 Yes (If yes, please fill in your family members in Japan and anyone you currently reside with in the following columns.) / No | | | | | | | |

| 続 柄 Relationship | 氏 名 Name | 生年月日 Date of birth | 国 籍・地 域 Nationality/Region | 同居の有無 Residing with applicant or not | 勤務先名称・通学先名称 Place of employment/ school | 在 留 カ ー ド 番 号 特別永住者証明書番号 Residence card number Special Permanent Resident Certificate number |
|---------------------|-------------|-----------------------|-------------------------------|--|--|---|
| BA | EN VAN B | 1960-01-10 | ベトナム | <input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無 <input checked="" type="checkbox"/> Yes No | XYZ CoMPANY | QAAAA |
| ME | N THI C | 1970-05-10 | ベトナム | <input type="checkbox"/> 有 <input checked="" type="checkbox"/> 無 Yes <input checked="" type="checkbox"/> No | HOUSWWIFE | ÁAAAA111 |
| | | | | <input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No | | |
| | | | | <input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No | | |
| | | | | <input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No | | |
| | | | | <input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No | | |

※ 3に
つい
一

(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.)

(注) 申請書に事実と反する記載をしたことが判明した場合には、不利益な扱いを受けることがあります。

Note : In case of to be found that you have misrepresented the facts in an application, you will be unfavorably treated in the process.

17 特定技能所属機関

Organization of affiliation of the specified skilled worker

(1)氏名又は名称

Name of person or organization

ABC会社

(2)住所(所在地)

Address

TOKYO

電話番号

Telephone No.

04516554

18 技能水準

Skill level

☒ 分野別運用方針に定める評価方法による証明

Proof based on the evaluation method specified in the field-specific operational policy

☒ 試験による証明

Proof based on the passing of an exam

合格した試験名

Name of passed exam

YYYYYTEST

受験地

Exam location

☐ 日本国内Japan

☒ 日本国外(国名: VIETNAM)

Foreign country Country name

☐ 日本国内Japan

☒ 日本国外(国名: CHI NA)

Foreign country Country name

☒ その他の評価方法による証明

Proof based on some other evaluation method

ABC

☒ 技能実習2号を良好に修了

Successfully completed Technical Intern Training (ii)

19 日本語能力(「特定技能1号」での在留を希望する場合に記入)

Japanese language ability (Fill in this section if you wish to reside in Japan with the status of residence of "Specified Skilled Worker (i)")

☒ 分野別運用方針に定める評価方法による証明

Proof based on the evaluation method specified in the field-specific operational policy

☒ 試験による証明

Proof based on a Japanese language test

合格した試験名

Name of passed exam

BCB TEST

HHH TEST

受験地

Exam location

☐ 日本国内Japan

☐ 日本国外(国名: CHINA)

Foreign country Country name

☐ 日本国内Japan

☐ 日本国外(国名: INDO)

Foreign country Country name

☒ その他の評価方法による証明

Proof based on some other evaluation method

TATTTTTT

☒ 技能実習2号を良好に修了

Successfully completed Technical Intern Training (ii)

20 良好に修了した技能実習2号(上記18,19において技能実習2号を良好に修了を選択した場合に記入)

Technical Intern Training (ii) that was successfully completed (Fill in this section if you selected "Successfully completed Technical Intern Training (ii) in 18 and 19 above)

(1)職種・作業(技能実習法施行規則別表第2の職種・作業を記入)

Occupation / Operations (Fill in the occupation /operations under Appended Table II of the Ordinance for Enforcement of the Act on Proper Technical Intern Training and Protection of Technical Intern Trainees)

職種

Occupation

外食

作業

Operations

接客

良好に修了したことの証明

Proof of successful completion

☒ 3級の技能検定又はこれに相当する技能実習評価試験の実技試験の合格による証明

Proof based on passing Grade 3 of the National Trade Skills Test or the practical test of an equivalent technical intern training evaluation exam

☒ 実習状況に関する書面による証明

Proof based on a document relating to the status of the technical intern training

(複数ある場合には(2)に記入) (Fill in (2) if you have several forms of proof)

(2)職種・作業(技能実習法施行規則別表第2の職種・作業を記入)

Occupation / Operations (Fill in the occupation /operations under Appended Table II of the Ordinance for Enforcement of the Act on Proper Technical Intern Training and Protection of Technical Intern Trainees)

職種

Occupation

建設

作業

Operations

とび

良好に修了したことの証明

Proof of successful completion

☐ 3級の技能検定又はこれに相当する技能実習評価試験の実技試験の合格による証明

Proof based on passing Grade 3 of the National Trade Skills Test or the practical test of an equivalent technical intern training evaluation exam

☒ 実習状況に関する書面による証明

Proof based on a document relating to the status of the technical intern training

21 申請時における特定技能1号での通算在留期間(過去の在留歴を含む。「特定技能1号」での在留を希望する場合に記入)

Cumulative period of stay with "Specified Skilled Worker (i)" at the time of submitting this application (including past residence history; fill in this section if you wish to reside in Japan with the status of residence of "Specified Skilled Worker (i)")

2025

年

10

月

Year

Month

22 特定技能雇用契約に係る保証金の徴収その他財産管理又は違約金等の支払契約の有無
Is there a contract on the collection of a deposit pertaining to the employment contract for a specified skilled worker, or management of other property or the payment of penalties, etc.
☑有 (徴収又は管理機関名: XY kaisya 徴収金額又は管理財産: YZ) ☐無
Yes (Name of the organization collecting the deposit or managing property: Deposit amount or type of property managed:) No

23 特定技能雇用契約に係る申込みの取次ぎ又は外国における活動準備に関する外国の機関への費用の支払について、その額及び内訳を十分に理解して合意していることの有無(当該費用の支払がある場合に記入)
Do you fully understand and agree on the amount and breakdown of expenses to be paid to the organization in a foreign country concerning mediation for the application pertaining to the employment contract for specified skilled workers or preparations for activities in the foreign country? (Fill in this section if there are expenses to be paid.)
☑有 (外国の機関名: 支払額(日本円に換算): 約 円) ☐無
Yes (Name of the organization in a foreign country: Payment (converted into Japanese yen): Approximately Yen) No

24 国籍又は住居を有する国又は地域において定められる、本邦で行う活動に関連して遵守すべき手続を経ていることの有無(当該手続が定められている場合に記入)
Have you followed the procedures to be complied with in relation to the activities to be conducted in Japan prescribed by the country or region of nationality or residence? (Fill in this section if such procedures are prescribed.) ☐有 ☑無
Yes No

25 本邦において定期的に負担する費用について、対価の内容を十分に理解して合意していることの有無(当該費用の負担がある場合に記入)
Do you fully understand and have you agreed to the expenses to be paid on a regular basis in Japan? (Fill in this section if there are expenses to be paid.) ☐有 ☑無
Yes No

26 技能実習によって本邦において修得、習熟又は熟達した技能等の本国への移転に努めることの有無(技能実習の在留資格をもって在留していたことがある場合であって、「特定技能2号」での在留を希望する場合に記入)
Will you endeavor to transfer the skills, etc. you acquire, the skills, etc. for which you increase proficiency or attain proficiency in Japan through the technical intern training? (Fill in this section if you have a previous history of residing in Japan with the status of residence of "Technical Intern Training"; and wish to reside in Japan with the status of residence of "Specified Skilled Worker (ii)"). ☐有 ☑無
Yes No

27 申請人につき特定産業分野に特有の事情に鑑みて告示で定められる基準に適合していることの有無(当該基準が定められている場合に記入)
Do you meet the criteria prescribed in the public notice in consideration of circumstances specific to the specified industrial field pertaining to you? (Fill in this section if such criteria are prescribed.) ☑有 ☐無
Yes No

| 28 職 歴 (外国におけるものを含む) | | | | Work experience (including those in a foreign country) | | | | | | | |
|-----------------------------|-------|-----------------------------|-------|--|-----------------------------|-------|-----------------------------|-------|------------------------------|--|--|
| 入社 | | 退社 | | 勤務先名称 Place of employment | 入社 | | 退社 | | 勤務先名称 Place of employment | | |
| Date of joining the company | | Date of leaving the company | | | Date of joining the company | | Date of leaving the company | | | | |
| 年 | 月 | 年 | 月 | | 年 | 月 | 年 | 月 | | | |
| Year | Month | Year | Month | | Year | Month | Year | Month | | | |
| 2010 | 3 | 2015 | 2 | ABC | | | | | | | |
| 2015 | 3 | 2022 | 1 | XYZ | | | | | | | |
| | | | | XYZ | | | | | | | |

29 代理人(法定代理人による申請の場合に記入)
(1)氏 名 ABC kaisya
Name
(3)住 所 CHIBA KEN
Address
電話番号 01455
Telephone No.
(2)本人との関係 BA
Relationship with the applicant
携帯電話番号 146445
Cellular Phone No.
I hereby declare that the statement given above is true and correct.
Signature of the applicant (legal representative) / Date of filling in this form
2020 年 1 月 4 日
Year Month Day

注 意 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)が変更箇所を訂正し、署名すること。
申請書作成年月日は申請人(法定代理人)が自署すること。
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.
The date of preparation of the application form must be written by the applicant (legal representative).

※ 取次者 Agent or other authorized person
(1)氏 名 VO THI A (2)住 所 TOKYOU SHIN JUKU
Name Address
(3)所属機関等(親族等については、本人との関係) 電話番号
Organization to which the agent belongs (in case of a relative, relationship with the applicant) Telephone No.
TTTTT COMPANY 048442

1 雇用している外国人の氏名
Name of foreign national being offered employment

NGUYEN VAN A

2 特定技能雇用契約
Employment contract for a specified skilled worker

(1)雇用契約期間
Period of employment contract

from2025年4月1日からto2025年8月1日まで
YearMonthDayDay

(2)従事すべき業務の内容(複数ある場合は全て記入)
Contents of work to be engaged in (if there are several types of work, fill in all of the work)

特定産業分野
Specified industrial field

Xay dung

業務区分
Work category

土木

職種
Occupation

☐ 主たる職種を別紙「職種一覧」から選択して番号を記入(1つのみ)
Select the main occupation from the Attachment: "a list of occupation", and fill in the number (select only one)

☒ 他に職種があれば別紙「職種一覧」から選択して番号を記入(複数選択可)
If there is any other occupation, select from the Attachment: "a list of occupation", and fill in the number (more than one answer may be selected)

(注意) Attention
※別紙「職種一覧」の1〜43,45〜50,55〜81,100〜112,999から選択してください。
Please select from 1 to 43,from 45 to 50,from 55 to 81,from 100 to 112 and 999 on the attached "a list of occupation."

(3)所定労働時間(週平均)
Prescribed working hours (weekly average)

40時間
hours

所定労働時間(月平均)
Prescribed working hours (monthly average)

0時間
hours

所定労働時間が通常の労働者の所定労働時間と同等であることの有無
Are the prescribed working hours equivalent to the prescribed working hours of regular workers?

☒有☐無
Yes No

(4)月額報酬
Monthly remuneration

※ 各種手当(通勤・住宅・扶養等)・実費弁償の性格を有するものを除く。
Excludes various types of allowances (commuting,housing,dependents,etc.) and personal expenses.

260,000円
Yen

基本給の時間換算額
Time converted amount of basic salary

15円
Yen

同等の業務に従事する日本人の月額報酬
Monthly remuneration of Japanese national engaging in the same type of work

1,200円
Yen

報酬の額が日本人が従事する場合の報酬の額と同等以上であることの有無
Will the foreign national receive an equal or greater amount of remuneration than a Japanese national would receive for comparable work?

☒有☐無
Yes No

(5)報酬の支払方法
Payment method of remuneration

☐ 通貨払 Paid in cash☒ 口座振込み Paid into a bank account

(6)外国人であることを理由として日本人と異なった待遇としている事項の有無
Are any matters stipulated related to treatment that differ from that given to a Japanese national due to the applicant being a foreign national?

☐有(内容:
Yes (Details:

)☒無
No

(7)外国人が一時帰国を希望した場合には、必要な有給休暇を取得させるものとしていることの有無
Will the foreign national be given the necessary paid holidays in the event of wanting to return temporarily to his/her home country?

☒有☐無
Yes No

(8)雇用関係につき特定産業分野に特有の事情に鑑みて告示で定められる基準に適合していることの有無(当該基準が定められている場合に記入)
Are the criteria, which are stipulated in a public notice in consideration of circumstances specific to the specified industrial field in terms of the employment relations, being met? (Fill in this section if such criteria are stipulated.)

☐有☒無
Yes No

(9)外国人が特定技能雇用契約終了後の帰国に要する旅費を負担することができないときは、当該旅費を負担するとともに、出国が円滑になされるよう必要な措置を講ずることとしていることの有無
If a foreign national cannot afford the travel expenses for return to his/her home country after the end of the employment contract for specified skilled workers, will the organization of affiliation pay for the travel expenses and take necessary measures to ensure smooth departure?

☐有☒無
Yes No

(10)外国人の健康の状況その他の生活の状況を把握するために必要な措置を講ずることとしていることの有無
Is the organization of affiliation taking the necessary measures to check the state of the foreign national's health and other living conditions?

☐有☒無
Yes No

(11)外国人の適正な在留に資するために必要な事項につき特定産業分野に特有の事情に鑑みて告示で定められる基準に適合していることの有無(当該基準が定められている場合に記入)
Are the criteria, which are stipulated in a public notice in consideration of circumstances specific to the specified industrial field in terms of the matters necessary to ensure the proper residence of the foreign nationals, being met? (Fill in this section if such criteria are stipulated.)

☐有☒無
Yes No

(12)派遣先(労働者派遣の対象とする場合に記入)
Dispatch site (Fill in this section if the foreign national may be sent out for worker dispatch)

氏名又は名称
Name of person or organization

ABC COMPANY

法人番号(13桁)
Corporation no. (combination of 13 numbers and letters)

1011123456710

雇用保険適用事業所番号(11桁)※非該当事業所は記入省略
Employment insurance application office number (11 digits) *If not applicable, it should be omitted.

1001101-0

住所(所在地)
Address

TOKYOUna

代表者の氏名
Name of the representative

DO VAN B

派遣期間
Period of dispatch

from2025年4月1日からto2030年3月1日まで
YearMonthDayDay

電話番号
Telephone No.

045122

(13)職業紹介事業者(特定技能雇用契約の成立をあっせんする職業紹介事業者がある場合に記入)
Employment placement service provider (fill in this section if there is an employment placement service provider that arranges the conclusion of employment contracts for specified skilled workers)

氏名又は名称
Name of person or organization

XYZ COMPANY

法人番号(13桁)
Corporation no. (combination of 13 numbers and letters)

1234567000010

雇用保険適用事業所番号(11桁)※非該当事業所は記入省略
Employment insurance application office number (11 digits) *If not applicable, it should be omitted.

1551-52000-0

住所(所在地)
Address

TOKYOU TAITOKU

許可・届出番号
Permission / notification no.

HAHFGILADPA

受理年月日
Date of receipt

2025年4月1日
YearMonthDay

電話番号
Telephone No.

046113

(14)取次機関(職業紹介事業者があつせんを行うに際し、情報の取次ぎを行う者がある場合に記入)
Intermediary organization (fill in this section if there is a person who mediates information at the time of an employment placement service provider acting as an agent)
氏名又は名称
Name of person or organization
住所(所在地)
Address

AGIFDKLD COMPANY
TOKYO NAKANO
電話番号
Telephone No.

464687+4

3 特定技能所属機関
Organization of affiliation of the specified skilled worker
※(3)及び(8)については、主に勤務させる事業所について記載すること For sub-items (3) and (8), fill in the information of principal place of business where foreign national is to work

(1)氏名又は名称
Name of person or organization
※本店又は主たる事務所のものを記入 Fill in the name of head office or principal place of business

(2)法人番号(13桁)
Corporation no. (combination of 13 numbers and letters)

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 1 | 0 | 1 | 1 | 4 | 4 | 4 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

(3)雇用保険適用事業所番号(11桁)※非該当事業所は記入省略
Employment insurance application office number (11 digits) *If not applicable, it should be omitted.

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 1 | 4 | - | 0 | 1 | 1 | 1 | 1 | 1 | - | 1 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

(4)業種
Business type

☐ 主たる業種を別紙「業種一覧」から選択して番号を記入(1つのみ)
Select the main business type from the attached sheet "a list of business type " and write the corresponding number (select only one)

☐ 他に業種があれば別紙「業種一覧」から選択して番号を記入(複数選択可)
If there are another other business types, select from the attached sheet "a list of business type " and write the corresponding number (multiple answers possible)

| |
|----|
| 41 |
|----|

1

(5)住所(所在地) ※本店又は主たる事務所のものを記入
Address of person or organization ※Fill in the address of head office or principal place of business

TOKyo AHInjyuku
電話番号
Telephone No.

7889777

(6)資本金
Capital

45man
円
Yen

(7)年間売上金額(直近年度)
Annual sales (latest year)

780man
円
Yen

(8)常勤職員数
Number of full-time employees

20 名

(9)代表者の氏名
Name of the representative

TRAN VAN TI

(10)勤務させる事業所名
Name of place of business where foreign national is to work
健康保険及び厚生年金保険の適用事業所であることの有無
Does the place of business apply health insurance and employees pension insurance?
労災保険及び雇用保険の適用事業所であることの有無
Does the place of business apply industrial accident insurance and employment insurance?

TINH AAAA
所在地
Address

aaaaaaaa

労働保険番号
Labor insurance number

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | - | 1 | - | 0 | 1 | - | 0 | 1 | 4 | 4 | 4 | 4 | - | 0 | 1 | 1 | - | 1 | 1 | 1 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

(末尾4桁は割り振られている場合のみ記入)
(Enter the last four digits only when they have been allocated.)

(11)労働、社会保険及び租税に関する法令の規定に違反したことの有無
Has the organization ever been in violation of the provisions of laws and regulations concerning labor, social insurance or tax?
☒有(内容: XXXXXXXXXXXXXXXXXXXX) ☐無
Yes (Details:) No

(12)特定技能雇用契約の締結の日前1年以内又は締結の日以後に、外国人が従事する業務と同種の業務に従事していた労働者を非自発的に離職させたことの有無
☒有(内容・理由: YYYYYYYYYYYY) ☐無
Yes (Details / Reason:) No

(13)特定技能雇用契約の締結の日前1年以内又は締結の日以後に、特定技能所属機関の責めに帰すべき事由により外国人の行方不明者を発生させたことの有無
Has the organization ever caused a foreign national to disappear due to a cause attributable to the fault of the organization of affiliation of the specified skilled worker within one year prior to the date of the foreign national entering into the employment contract for specified skilled workers or after the date of the foreign national entering into such contract?
YYYYYYYYYYYYYYY
☒有(内容:) ☐無
Yes (Details:) No

(14)特定技能所属機関・その役員・支援責任者・支援担当者が法令に違反して刑に処せられたことの有無
Has the organization of affiliation of the specified skilled worker or its officer, support manager or support staff ever been sentenced to a criminal punishment due to a violation of laws and regulations?
☒有(内容・該当者名: ZZZZZZZZZZZZZZ) ☐無
Yes (Details/Name of applicable person:) No

(15)特定技能所属機関・その役員・支援責任者・支援担当者が特定技能雇用契約の適正な履行に影響する精神の機能の障害を有することの有無
Does the organization of affiliation of the specified skilled worker, its officer, support manager or support staff have a mental disability which will have an impact on proper performance of the employment contract for specified skilled workers?
☒有(内容・該当者名: AAAAAAAAAAAAAA) ☐無
Yes (Details/Name of applicable person:) No

(16)特定技能所属機関・その役員・支援責任者・支援担当者が破産手続開始の決定を受けて復権を得ないことの有無
Has the organization of affiliation of the specified skilled worker, its officer, support manager or support staff become subject to the commencement of bankruptcy procedures and yet to have its rights restored?
☒有(内容・該当者名: BBBBBBBBBBBBBBBB) ☐無
Yes (Details/Name of applicable person:) No

(17)特定技能所属機関・その役員・支援責任者・支援担当者が技能実習法第16条第1項の規定により実習認定を取り消されたことの有無
Has the organization of affiliation of the specified skilled worker, its officer, support manager or support staff ever had its accreditation of the training revoked as provided for in Article 16, paragraph (1) of the Technical Intern Training Act?
☒有(内容・該当者名: CCCCCCCCCCCCCC) ☐無
Yes (Details/Name of applicable person:) No

(18)特定技能所属機関・その役員・支援責任者・支援担当者が技能実習法第16条第1項の規定により実習認定を取り消された法人の役員であったことの有無
Has the organization of affiliation of the specified skilled worker, its officer, support manager or support staff ever been an officer of a corporation that has had its accreditation of training revoked as provided for in Article 16, paragraph (1) of the Technical Intern Training Act?
☒有(内容・該当者名: DDDDDDDDD) ☐無
Yes (Details/Name of applicable person:) No

(19)特定技能所属機関・その役員・支援責任者・支援担当者が特定技能雇用契約の締結の日前5年以内又は締結の日以後に、出入国又は労働に関する法令に関し不正又は著しく不当な行為をしたことの有無
Has the organization of affiliation of the specified skilled worker, its officer, support manager or support staff ever committed a wrongful or seriously unjust act in relation to immigration or labor-related laws or regulations within five years of the date of entering into the employment contract for specified skilled workers or after the date of entering into such contract?
☒有(内容・該当者名: SSSSSSSSSSSS) ☐無
Yes (Details/Name of applicable person:) No

(20)特定技能所属機関・その役員・支援責任者・支援担当者が暴力団員であること又は5年以内に暴力団員であったことの有無
Is the organization of affiliation of the specified skilled worker, its officer, support manager or support staff currently an organized crime member or was it formerly an organized crime member within the past five years?
☒有(内容・該当者名: DDDDDDDDDD) ☐無
Yes (Details/Name of applicable person:) No

(21)特定技能所属機関・その役員・支援責任者・支援担当者の法定代理人(法人である場合はその役員)が(14)から(20)に該当することの有無(特定技能所属機関・その役員・支援責任者・支援担当者が営業に関し成年者と同じの行為能力を有しない未成年者である場合に記入)
Does the statutory agent (its officer in the case of a corporation) of the organization of affiliation of the specified skilled worker, its officer, support manager or support staff fall under any of (14) to (20)? (Fill in this section if the organization of affiliation of the specified skilled worker, its officer, support manager or support staff is a minor who does not have the same capacity to act as a person who has reached the age of majority in relation to business.)
☒有(内容・該当者名: BBBBBBBBBBBBBBBB) ☐無
Yes (Details/Name of applicable person:) No

| | | |
|---|---|-------------------------------|
| (22)暴力団員又は5年以上に暴力団員であった者がその事業活動を支配する者であることの有無 Is an organized crime member or a person who was formerly an organized crime member within the past five years controlling the business activities of the organization of affiliation of specified skilled workers? ☐有(内容: Yes (Details: | XXXXXXXXXXXXXX |)☐無) No |
| (23)外国人の活動内容に関する文書を作成し、活動をさせる事務所に特定技能雇用契約終了の日から1年以上備えて置くこととしていることの有無 Is the organization taking measures to prepare documents on the contents of the activities of the foreign national, and to keep them at the place of business where the foreign national is engaging in the activities for at least one year from the date of termination of the contract? | | ☐有 ☐無 Yes No |
| (24)特定技能雇用契約に係る保証金の徴収その他財産管理又は違約金等の支払契約があることを認識して特定技能雇用契約を締結していることの有無 Has the organization entered into an employment contract for specified skilled workers knowing about the existence of an agreement to collect a deposit or to control property or to demand payment of penalties pertaining to the employment contract for specified skilled workers? ☐有(内容: Yes (Details: | FFFFFFFFFFFFF |)☐無) No |
| (25)特定技能雇用契約の不履行について違約金等の支払契約を締結していることの有無 Has the organization entered into an agreement on the payment of penalties, etc. with regard to non-performance of the employment contract for specified skilled workers? ☐有(内容: Yes (Details: | HHHHHHHHHHHHHHHHHHHHH |)☐無) Yes |
| (26)1号特定技能外国人支援に要する費用について、直接又は間接に外国人に負担させないこととしていることの有無(申請人が「特定技能1号」での在留を希望する場合に記入) Has the organization established practical measures to ensure the foreign national is not being made to pay either directly or indirectly for the costs required for support for Specified Skilled Worker (i)? (Fill in this section if the applicant wishes to enter Japan under the status of residence of "Specified Skilled Worker (i)). (以下(27),(28)は外国人を労働者派遣の対象とする場合に記入) | (Fill in sections (27) and (28) if the foreign national is likely to be sent as a dispatch worker.) | ☐有 ☐無 Yes No |
| (27)次のいずれかに該当することの有無 (有の場合は該当するものを選択) ☐ ①派遣先において従事する業務の属する特定産業分野に係る業務又はこれに関連する業務を行っていること A dispatch site conducting work pertaining to a specified industrial field to which the work the foreign national is to engage in at the dispatch site belongs or related work (内容: (Details: | Whether it falls under any of the following cases: (If "Yes", choose the corresponding item) FFFFFFFFFFFFFFFFFFFFFF | ☐有 ☐無 Yes No |
| ☐ ②地方公共団体又は①に該当する者が資本金の過半数を出資していること A local government or a person who falls under ① who has invested a majority of the stated capital (内容: (Details: | FFFFFFFFFFFFFFFFFFFFFF |)) |
| ☐ ③地方公共団体又は①に該当する者が業務執行に実質的に関与していること A local government or a person who falls under ① who is substantially involved in execution of the business (内容: (Details: | GGGGGGGGGGGGGGGGGGGGG |)) |
| ☐ ④派遣先において従事する業務の属する分野が農業である場合であって国家戦略特別区域法第16条の5第1項に規定する特定機関であること The field of work the foreign national is to engage in at the dispatch site is agriculture, and the organization is the specified organization prescribed in Article 16-5, paragraph (1) of the National Strategy Special Zone Act. | | |
| (28)労働者派遣をすることとしている派遣先が(11)から(22)に該当していることの有無 Will the organization be sending dispatch workers to a dispatch site that comes under (11) to (22) above? ☐有(内容: Yes (Details: | AAAAAAAAAA |)☐無) No |
| (29)労災保険加入等の措置の有無 Have measures been taken for coverage of industrial accident insurance, etc.? ☐有(内容: Yes (Details: | BBBBBBBBBBBBB |)Yes) No |
| (30)特定技能雇用契約を継続して履行する体制が適切に整備されていることの有無 Is there an appropriate structure in place to ensure continuous implementation of the employment contract for specified skilled workers? | | ☐有 ☐無 Yes No |
| (31)外国人の報酬を、当該外国人の指定する銀行その他の金融機関に対する振込み又は現実に支払われた額を確認できる方法によって支払われることしており、かつ、後者の場合には、出入国在留管理庁長官に報酬の支払を裏付ける客観的な資料を提出し、その確認を受けることとしていることの有無 Will the foreign national's remuneration be paid by wire transfer to the account of a bank or other financial institution specified by the foreign national or using a method where the actual amount that was paid can be confirmed, and in the latter case, will objective materials proving the payment of remuneration be submitted to the Commissioner of the Immigration Services Agency in order to be checked? | | ☐有 ☐無 Yes No |
| (32)特定技能雇用契約の当事者である外国人に関し、地方公共団体からの共生社会関係施策に対する協力要請に対し、必要な協力をすることとしていることの有無 Does the organization provide the necessary cooperation for harmonious coexistence measures as requested by a local government for the foreign national who is a party to the employment contract for specified skilled workers? ☐ 当該外国人に活動をさせる事業所の所在地の市町村の長に対する協力確認書の提出の有無 Has the organization submitted a letter of confirmation of cooperation to the mayor of the city/town/village where the place of business at which the foreign national is engaged in his/her activities is located? 提出年月日・提出先名(2025 年 06 月 05 日提出 AAAA 市・区・町・村長) Date of submission and name of recipient (Submitted: DD/MM/YYYY To the Mayor of City/Ward/Town/Village) | | ☐有 ☐無 Yes No |
| ☐ 当該外国人の住居地の市町村の長に対する協力確認書の提出の有無 Has the organization submitted a letter of confirmation of cooperation to the mayor of the city/town/village where the foreign national lives? 提出年月日・提出先名(2025 年 06 月 19 日提出 BBBBBBBBBB 市・区・町・村長) Date of submission and name of recipient (Submitted: DD/MM/YYYY To the Mayor of City/Ward/Town/Village) | | ☐有 ☐無 Yes No |
| (33)特定技能雇用契約の適正な履行の確保につき特定産業分野に特有の事情に鑑みて告示で定められる基準に適合していることの有無 (当該基準が定められている場合に記入) Does the organization meet the criteria stipulated in the public notice in consideration of circumstances specific to the specified industrial field in terms of securing the proper performance of the employment contract for specified skilled workers? (Fill in this section if such criteria are stipulated.) | | ☐有 ☐無 Yes No |
| (以下(34)から(42)は申請人が「特定技能1号」での在留を希望する場合であって、契約により登録支援機関に1号特定技能外国人支援計画の全部の実施を委託しない場合に記入) (Fill in sections (34) to (42) if the applicant wishes to reside in Japan with the status of residence of "Specified Skilled Worker (i)", and not all of the support plans for specified skilled workers (i) are to be entrusted to a registered support organization based on a contract.) | | |
| (34)支援責任者名 Support manager | XXXXXXXXXXXXX | 所属・役職 Title and department |
| 役員又は職員の中から支援責任者を選任していることの有無 Has a support manager been appointed from among the officers or employees? | | ☐有 ☐無 Yes No |
| (35)支援担当者名 Support staff | FFFFFFF | 所属・役職 Title and department |
| 役員又は職員の中から、活動をさせる事業所ごとに1名以上の支援担当者を選任していることの有無 Has at least one support staff member been appointed from among the officers and employees for each place of business where the specified skilled worker is engaged in his/her activities? | | ☐有 ☐無 Yes No |
| (36)次のいずれかに該当することの有無 (有の場合は該当するものを選択) ☑ ①過去2年間において法別表第1の1の表、2の表及び5の表の上欄の在留資格(収入を伴う事業を運営する活動又は報酬を受ける活動を行うことができる在留資格に限る)をもって在留する中長期在留者の受入れ又は管理を適正に行った実績を有すること It has a past record of properly accepting or managing mid to long-term residents residing with one of the statuses of residence in the left-hand column of Appended Table I (1), (2) or (5) over the past two years (limited to the statuses of residence where the foreign national is permitted to engage in activities related to the management of business involving income or activities for which he or she receives remuneration). ☑ ②支援責任者及び支援担当者が過去2年以内に法別表第1の1の表、2の表及び5の表の上欄の在留資格(収入を伴う事業を運営する活動又は報酬を受ける活動を行うことができる在留資格に限る)をもって在留する中長期在留者の生活相談等に従事した経験を有すること The support manager and support staff have experience of engaging in the work of providing advice on living for mid to long-term residents with a status of residence in the left-hand column of Appended Table I (1), 2 and (5) (limited to the statuses of residence where the foreign national is permitted to engage in activities related to the management of business involving income or activities for which they receive remuneration). ☑ ③その他支援業務を適正に実施できる事情を有すること (内容: Other conditions to ensure support is properly implemented (Details: | FFFFFFFF GGGGGGGGGGGGGGGGGGGGG |)) |
| (37)1号特定技能外国人支援計画に基づく支援を、外国人が十分に理解することができる言語によって行うことができる体制を有していることの有無 Do you have a structure in place where support based on the support plan for specified skilled workers (i) will be provided in a language that the foreign national is able to fully understand? | | ☐有 ☐無 Yes No |
| (38)1号特定技能外国人支援の状況に関する文書を作成し、1号特定技能外国人支援を行う事務所に特定技能雇用契約終了の日から1年以上備えて置くこととしていることの有無 Has the organization taken measures to prepare documents on the status of support for specified skilled workers (i), and to keep them at the place of business where the support for specified skilled workers (i) is to be implemented for at least one year from the date of termination of the employment contract for specified skilled workers? | | ☐有 ☐無 Yes No |

