



**VERIFICATION OF THE CERTIFICATE OF RECOGNITION  
OF CARIBBEAN COMMUNITY SKILLS QUALIFICATION**

**PLEASE READ ALL INSTRUCTIONS BEFORE SUBMITTING THE APPLICATION.  
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. PLEASE FILL THE FORM IN  
BLOCK LETTERS.**

**Full Name:** Mr./Mrs./Miss.....

**Current Address:**.....

.....

**Contact No. (local):**..... **Email:**.....  
Day Month Year

**Place of Birth:**..... **Date of Birth:**.....

**Sex:**..... **Nationality:**.....

**Passport No.:**..... **Place of Issue:**.....

**Date issued:**..... **Expiry Date:**.....

**Marital Status:**..... **Occupation:**.....

**Skills Certificate No.:**..... **Issuing Member State:**.....

**Category:**.....

**Requirements:**

1. Completed form
2. One (1) notarized copy of your Certificate of Recognition of Caribbean Community Skills Qualification
3. One (1) notarized copy of bio-data and immigration status pages from a valid CARICOM passport
4. A valid Police Record from the country of residence for the past three (3) years. For the purpose of this process, the Police Record remains valid for six (6) months
5. Receipt of Payment of Processing Fee EC\$50.00 (payable at Inland Revenue Department in St. Kitts)

**SPOUSE:**

- 6. One (1) notarized copy of marriage certificate
- 7. One (1) notarized copy of bio-data and immigration status pages from a valid passport
- 8. One (1) certified passport-sized photograph
- 9. A valid Police Record from country of residence for the past year

**DEPENDENTS:**

- 10. One (1) certified passport-sized photograph for each dependent
- 11. One (1) notarized copy of birth certificate for each dependent
- 12. One (1) notarized copy of bio-data and immigration status pages from a valid passport for each dependent
- 13. One (1) notarized copy of Adoption papers (**for adopted children**)
- 14. Birth Certificate of applicant (**if dependent is a parent**)
- 15. A valid Police Record from country of residence for the past year (**if the dependent to be added is a parent, or is age 16 and over**)

**PLEASE INSERT INFORMATION OF DEPENDENTS**

<b>Name of Dependent</b>	<b>Date of Birth</b>	<b>Sex</b>	<b>Place of Birth</b>	<b>Passport Number</b>	<b>Place and Date Issued</b>	<b>Expiration Date</b>	<b>Relationship to Applicant</b>

**PLEASE INSERT THE INFORMATION OF YOUR SPOUSE**

**Full Name:** Mr./Mrs.....

**Place of Birth:**..... **Date of Birth:** .....

**Sex:**..... **Nationality:**.....

**Passport No.:**..... **Place of Issue:**.....

**Date issued:**..... **Expiry Date:**.....

I, the undersigned, hereby declare that the information given in this application is true to the best of my knowledge and belief.

**Signature:**..... **Date:**.....

**Receiving Officer:**..... **Date:**.....

**NOTE:**

- **Applicants are permitted to work while the verification process is being completed.**
- **Payment must be made at the Inland Revenue Department in St. Kitts at all times. Cash will not be accepted at the Ministry of International Trade.**
- **For the purpose of the Certificate of Recognition of Caribbean Community Skills Qualification, a police record is valid for six months.**