

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 2 0 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

39 年 月 日  
Year Month Day

3 氏 名  
Name

LE QUANG HIEU  
Family name Given name

4 性 別  
Sex

☒ 男 ・ ☐ 女  
Male/Female

5 出生地  
Place of birth

6 配偶者の有無  
Marital status

☐ 有 ☒ 無  
Single

7 職 業  
Occupation

土木

8 本国における居住地  
Home town/city

VIET NAM - HA NAM

9 住居地  
Address in Japan

千葉県鎌ケ谷市西道野辺 1 0 番 3 2 - 4 0 3 号

電話番号  
Telephone No.

携帯電話番号  
Cellular phone No.

07089785389

10 旅券 (1)番 号  
Passport Number

(2)有効期限  
Date of expiration

年 月 日  
Year Month Day

11 現に有する在留資格  
Status of residence

在留期間  
Period of stay

在留期間の満了日  
Date of expiration

年 月 日  
Year Month Day

12 在留カード番号  
Residence card number

13 希望する在留資格  
Desired status of residence

在留期間  
Period of stay

( 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

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.

☐ 有 ( 具体的内容 ) ・ ☐ 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

☐ 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。 ) ・ ☐ 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
				<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		
				<input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No		
				<input type="checkbox"/> 有 <input type="checkbox"/> 無 Yes No		

\* 3に  
つい

( 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

(2)住所(所在地)

Address

電話番号

Telephone No.

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

受験地 Exam location

☐ 日本国内Japan

☐ 日本国外(国名: )

Foreign country Country name

☐ 日本国内Japan

☐ 日本国外(国名: )

Foreign country Country name

☐ その他の評価方法による証明

Proof based on some other evaluation method

☐ 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

受験地 Exam location

☐ 日本国内Japan

☐ 日本国外(国名: )

Foreign country Country name

☐ 日本国内Japan

☐ 日本国外(国名: )

Foreign country Country name

☐ その他の評価方法による証明

Proof based on some other evaluation method

☐ 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

作業

Operations

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

作業

Operations

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)")

年

Year

月

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: Yes (Name of the organization collecting the deposit or managing property: )

☐徴収金額又は管理財産: Deposit amount or type of property managed: ) ☐無 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: Yes (Name of the organization in a foreign country: )

☐支払額(日本円に換算): 約 Yen Yen ) ☐無 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 Date of joining the company		退社 Date of leaving the company		勤務先名称 Place of employment	入社 Date of joining the company		退社 Date of leaving the company		勤務先名称 Place of employment
年 Year	月 Month	年 Year	月 Month		年 Year	月 Month	年 Year	月 Month	

29 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)

(1)氏名  
Name

(2)本人との関係  
Relationship with the applicant

(3)住所  
Address

携帯電話番号  
Cellular Phone No.

電話番号  
Telephone No.

携帯電話番号  
Cellular Phone No.

以上の記載内容は事実と相違ありません。  
申請人(法定代理人)の署名/申請書作成年月日

I hereby declare that the statement given above is true and correct.  
Signature of the applicant (legal representative) / Date of filling in this form  
年 Year 月 Month 日 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  
Name

(2)住所  
Address

(3)所属機関等(親族等については、本人との関係)  
Organization to which the agent belongs (in case of a relative, relationship with the applicant)

電話番号  
Telephone No.

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

(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)

Specified industrial field	Work category
----------------------------	---------------

☐ 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)

※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."

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

基本給の時間換算額 円  
Time converted amount of basic salary 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 ☐有 ☐無

(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?

(7) 外国人が一時帰国を希望した場合には、必要の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?

(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?

(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） □有 □無  
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.) Yes No

氏名又は名称  
Name of person or organization

[illegible]

Employment insurance application office number (11 digits) \*If not applicable, it should be omitted

			-								-	
--	--	--	---	--	--	--	--	--	--	--	---	--

住所（所在地） Address	電話番号 Telephone No.
--------------------	-----------------------

代表者の氏名  
Name of the representative

派遣期間 from 年 Year 月 Month 日 Day から to 年 Year 月 Month 日 Day まで

(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

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

Employment insurance application office number (11 digits) \*If not applicable, it should be omitted

				-								-	
--	--	--	--	---	--	--	--	--	--	--	--	---	--

住所（所在地）  
Address

電話番号  
Telephone No.

許可・届出番号 Permission / notification no.	受理年月日 Date of receipt	年 Year	月 Month	日 Day
--	--------------------------	-----------	------------	----------

(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

電話番号

Telephone No.

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

(2)法人番号(13桁)

Corporation no. (combination of 13 numbers and letters)

※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

(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.

(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)

(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

電話番号

Telephone No.

(6)資本金

Capital

円

Yen

(7)年間売上金額(直近年度)

Annual sales (latest year)

円

Yen

(8)常勤職員数

Number of full-time employees

名

(9)代表者の氏名

Name of the representative

(10)勤務させる事業所名

Name of place of business where foreign national is to work

所在地

Address

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?

☐有 ☐無

Yes No

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?

☐有 ☐無

Yes No

労働保険番号

Labor insurance number

-

(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:

Yes (Details:

) ☐無

) 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:

Yes (Details / Reason:

) ☐無

) 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?

☐有 (内容:

Yes (Details:

) ☐無

) 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:

Yes (Details/Name of applicable person:

) ☐無

) 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:

Yes (Details/Name of applicable person:

) ☐無

) 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:

Yes (Details/Name of applicable person:

) ☐無

) 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:

Yes (Details/Name of applicable person:

) ☐無

) 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:

Yes (Details/Name of applicable person:

) ☐無

) 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:

Yes (Details/Name of applicable person:

) ☐無

) 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:

Yes (Details/Name of applicable person:

) ☐無

) 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

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一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:

Yes (Details/Name of applicable person:

) ☐無

) No



在留資格変更用  
For change of status

注意 Attention

申請書作成後申請までに記載内容に変更が生じた場合、特定技能所属機関が変更箇所を訂正すること。  
In cases where descriptions have changed after filling in this application form until submission of this application, the organization must correct the changed part.