



## IRISH NATURALISATION AND IMMIGRATION SERVICE

Address for completed forms: Labour Market Access Unit (LMAU)  
PO Box 12931,  
Freeport FDN5264,  
Dublin 2

Completed forms can also be signed, scanned, and emailed to:  
lmauapplications@justice.ie

### APPLICATION FOR International Protection Self-Employment Permission

Form: LMAU1

## Instructions

This form may be completed and returned by email to the above email address.

If returning by post, this form must be completed in English in BLOCK CAPITALS and in black or blue ink. All mandatory sections must be completed. Incomplete or unsigned applications cannot be processed and will be returned.

Please note that any permission will be posted to the most up to date address you have provided to the International Protection Office.

## 1. Initial Information

*All fields within this section are mandatory.*

Applicant Name	
Surname / Family Name	
Given Names	

### Application for International Protection

State your Personal ID No, to be found on your Temporary Residence Certificate issued by the International Protection Office. You must have applied for International Protection to be eligible to access the labour market.

Personal ID No. ID/         /

## 2. Contact Details

Other Contact Details	
Contact Telephone Number	+353
E-mail address (if applicable)	

### 3. Compliance with Application Conditions

You must answer all questions within this section.

Declaration that the conditions of application have been met	
I have not yet received a first instance recommendation on my International Protection application, and my application is nine months old or more.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of my application for International Protection.	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day/month/year
I have returned my completed application for International Protection Questionnaire (IPO 2) to the International Protection Office.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have cooperated fully with the International Protection process.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have made reasonable efforts to establish my identity. (Please attach/enclose any copies of additional identity documents).	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have registered with the Revenue Commissioners using the 'myAccount' service on www.revenue.ie (to comply with tax law. ).	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have attached a copy of my TRC and a passport sized photograph with this application. If returning by post, I have written my Personal ID number on the rear of the photograph.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please do not send your original TRC or any original documents with this application.

Warning : Incomplete applications, including applications which do not include a passport sized photograph, will not be processed and will be returned.

### 4. Declaration

YOU MUST COMPLETE THIS SECTION.

If returning by email, please print, sign, and scan your form. .

I declare that the information furnished on this form is true and complete to the best of my knowledge and belief. I understand that the information I have provided in this application for a self-employment permission may be disclosed to other Government Departments, An Garda Síochána and State agencies which provide labour market services in order to verify the information provided in this application, including my identify and my entitlement to access State supports. Information concerning any permission granted further to this application may be disclosed to third parties for the purposes of verifying the validity of the permission.

Signature: \_\_\_\_\_

Date // day/month/year

### 5. For office use only

Please do not complete this section.

Completed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Permission sent	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of decision.	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day/month/year
Permission Number:	