別記第三十号の二様式（第二十一条関係）
申請人等作成用 1
For applicant, part1

日本国政府法務省
Ministry of Justice,Government of Japan

在 留 期 間 更 新 許 可 申 請 書
APPLICATION FOR EXTENSION OF PERIOD OF STAY

写 真
Photo
40mm × 30mm

入国管理局長　殿
To the Director General of　Regional Immigration Bureau

出入国管理及び難民認定法第21条第2項の規定に基づき，次のとおり在留期間の更新を申請します。
Pursuant to the provisions of Paragraph 2 of Article 21 of the Immigration Control and Refugee Recognition Act, I hereby apply for extension of period of stay.

1 国 籍・地 域　Nationality/Region　　2 生年月日　Date of birth　　年 Year　月 Month　日 Day

Family name　Given name

3 氏 名　Name

4 性 別　男 ・ 女　Sex　Male/Female　　5 出生地　Place of birth　　6 配偶者の有無　有 ・ 無　Marital status　Married / Single

7 職 業　Occupation　　8 本国における居住地　Home town/city

9 住居地　Address in Japan

電話番号　Telephone No.　　携帯電話番号　Cellular phone No.

10 旅券 (1)番 号　Passport Number　　(2)有効期限　Date of expiration　　年 Year　月 Month　日 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 Year　月 Month　日 Day

12 在留カード番号　Residence card number

13 希望する在留期間　Desired length of extension　（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 更新の理由　Reason for extension

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。）　Criminal record (in Japan / overseas)
有（具体的内容　）・無
Yes (Detail:　) / No

16 在日親族（父・母・配偶者・子・兄弟姉妹など）及び同居者
Family in Japan(Father, Mother, Spouse, Son, Daughter, Brother, Sister or others) or co-residents

続 柄 Relationship	氏 名 Name	生年月日 Date of birth	国籍・地域 Nationality/Region	同 居 Residing with applicant or not	勤務先・通学先 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
				はい・いいえ Yes / No		
				はい・いいえ Yes / No		
				はい・いいえ Yes / No		
				はい・いいえ Yes / No		
				はい・いいえ Yes / No		
				はい・いいえ Yes / No		

（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.)

申請人等作成用２　Ｑ（「研修」）
For applicant, part 2 Q ("Trainee")

在留期間更新・在留資格変更用
For extension or change of status

17 研修生受入れ機関
Organization accepting the trainee
(1)名称
Name
(2)所在地
Address
電話番号
Telephone No.

18 研修生受入れ機関（上記17以外の受入れ機関がある場合）
Organization accepting the trainee (fill in the following in cases where an organization other than that given in 17 above is accepting the trainee)
(1)名称
Name
(2)所在地
Address
電話番号
Telephone No.

19 研修終了後の予定
Plans after the training
☐ 帰国後復職 Back to work after returning　☐ 帰国後自営業（業種　　） Self-employed after returning　☐ その他（　　） Others

20 外国の送出し機関（所属機関）
Foreign sending organization (organization to which the trainee belongs)
(1)名称
Name
(2)所在地
Address
電話番号
Telephone No.

21 外国の送出し機関（上記20以外の送出し機関がある場合に記入）
Foreign sending organization (fill in the following in cases where an organization other than that given in 20 above is sending the trainee)
(1)名称
Name
(2)所在地
Address
電話番号
Telephone No.

22 職歴 Employment history

年 Year	月 Month	職　歴 Employment history	年 Year	月 Month	職　歴 Employment history

23 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
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 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，申請人（法定代理人）が変更箇所を訂正し，署名すること。
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.

※ 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.

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For organization, part 1 Q ("Trainee")

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For extension or change of status

>Ý>Ì wFá °G FöFÔG ¥ \ ÇFþ ¶ ¡ lG ~$ G9GŠGW$ •
Name and residence card number of the accepted foreign national

>Ô>Ý>Õ ¶ ¡ _____ >Ô>Þ>Õ ~$ G9GŠGW$ • _____
Name Residence card numbe

>Þ>Ì%Ê Ÿ ÆŸ “FçG FÖFøFéG •+ '¼Details of training (technique, skills or knowledge to be acquired)

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Dress making Metal processing Wood processing Stone processing Plastic processing

EU 8× • d EU µ ”) 'g EU 4Š 0 4 EU d 'ö#. EU 0¿G‰ u Œ
Food processing Machinery assembling Parts making Plant management Construction

EU 0¿0£ EU 3 EG‰0 • EU 4 3zG‰3û ™ EU $ª EU 3° Ø
Design Printing / Bookbinding Transportation / Communication Medical services Agriculture / Forestry

EU È#Ø EU GCGŠGaGG EU GAG•GbGsGŠGMGEGGGTGn EU) 'ö#.GEGGGTGn EU 2 ÆG‰5
Fishery Service Computer system Business management Trading / Finance service

EU w 1* G‰ (Ò EU FíFþ ÚH H
Market research Others

>ß>Ì%Ê Ÿ ‡6ë º v ¥ FÛG º v ¥ G F÷ FÖFñ »%Ê Ÿ ‡6ë v
Period of training from Year Month Day to Year Month Day (out of which, months spent for on-the-job training) Months

>à>Ì v8 %Ê Ÿ m \ Ç >á>Ì%Ê Ÿ ‹ ì6ë ì (FÛG ìF· (G F÷
Monthly allowance Yen Time of training from to

>â>Ì »%Ê ŸFþ w!“ wF·G‰F·!“
On-the-job training Yes / No

>ã>Ì%Ê Ÿ)r ì6ë X ì6ë FÖFñ »%Ê Ÿ ì6ë X ì6ë »%Ê ŸFþ š"á H
Total hours of training hours (out of which, hours spent on on-the-job training) hours On-the-job training percentage

>ä>Ì •4e ° \ SFþ ¦ S%Ê ŸH ‹FçFï œFû0° °H Advance training before entry into Japan (to be filled in if advance training has been conducted)

>Ô>Ý>Õ ‹ µ6õ
Organization which conducted the advance training

>Ô>Þ>Õ ‹ Þ6ë Period of advance training from Year Month Day to Year Month Day º v ¥ F ÛG ¥ G F >Ô>ß>Õ ‹ ì6ë X Hours of advance training ì6ë hours

>å>Ì w °G µ6õG‰%Ê Ÿ ¦ ‹ z /'¼H V0°>âF÷ wFþ œFû0° °H
Organization accepting the trainee or implementing the training project (fill in the following when the answer to Question 6 is Yes)

EU D ö =H •G2 Criterion No. 5 ( ) EU D ö =H •G{ Criterion No. 5 ( ) EU D! ö =H •G] Criterion No. 5 ( ) EU D" ö =H •GY Criterion No. 5 ( )

EU D# ö =H •Gi Criterion No. 5 ( ) EU D$ ö =H •Gf Criterion No. 5 ( ) EU D% ö =H •GV Criterion No. 5 ( ) EU D& ö =H •GO Criterion No. 5 ( )

>Ý>Ü>Ì%Ê Ÿ ¦ G Fþ2(5 f j"g #H V0°>åF÷D$Fû0ñ \FéG œFû0° °H
State of the provision of funds for the training project (fill in (1) and (2) when the answer to Question 9 is Yes)

>Ô>Ý>Õ µ6õ Organization

EU \ Government EU … ‰ ¶ ¹ K / Ⱶ Local government H EU "I f 2 ÇH Special corporation >Õ

EU ",'g/œ ; 2 Ç Ⱶ Incorporated administrative agency H EU FíFþ ÚH Others H

>Ô>Þ>Õ>Ì>Ô>Ý>ÕFþ µ6õFþ 2(8 Investment amount of organization (1) above Ç >Ô%Ê Ÿ ‹) 2 Fû (G G š"áH Yen Percentage of expenses used in implementing the training H

>Ý>Ý>Ì%Ê Ÿ#ÕG" æ ¡FçFï ¥ \Fþ \ jFÿ … ‰ ¶ ¹ KH ¡V0°>åF÷D&Fû0ñ \FéG œFû0° °H
Foreign government or local government nominating the trainee (in cases where the answer to Question 9 is Yes)

>Ý>Þ>Ì ¥ • \ ; ÓFÛG Fþ | “G‰ æ _FþHÆV0°>åF÷D&Fû0ñ \FéG œFû0° °H
Assistance and instruction from the Japanese government (in cases where the answer to Question 9 is Yes)

>Ý>ß>Ì%Ê Ÿ#Õ w °G µ6õ Organization accepting the trainees

F· >Ô>Ý>Õ ¡&à Name >Ô>Þ>Õ ¦ Æ Type of business

>Ô>ß>Õ µ6õFþ' 8Ø Type of organization

EU ¥ • \ ; Ó Japanese government EU … ‰ ¶ ¹ K / Local government EU "I f 2 Ç Special corporation EU ",'g/œ ; 2 Ç Incorporated administrative agency

EU ¶% &k KG‰ ¶% 2 K 2 Ç Public interest incorporated association or foundation EUFíFþ ÚFþ8 Other non-profit corporation < 2 Ç Commercial company EU &k¼Fþ < 2 Ç EU FíFþ ÚH Others H

>Ô>à>Õ d ~ … Address 7Á0ð$ • Telephone No.

>Ô>á>Õ2(•5 Capital Ç Yen >Ô>â>Õ º6ë Ž‰$5ºØH Annual sales (latest fiscal year) Ç Yen

>Ô>ã>Õ – Å*Ë (X Number of full-time employees ¡ >Ô>ä>Õ ¥ \ Ç%Ê Ÿ#Õ X Number of foreign trainees ¡

>Ô>å>Õ) *… ¡ Name of the operator >Ô>Ý>Ü>Õ'ö#.*… ¡ Name of the manager

>Ô>Ý>Ý>Õ%Ê Ÿ æ _ (¡ Name of the training coordinator) 9, º X Years of experience º year(s)

H è W>Ô>Ý>Þ>ÕFÛG >Ô>Ý>à>ÕFÿ V0°>åF÷D$FÛG D&Fû0ñ \FéG (Fill in (1) to (4) when the answer to Question 9 is Yes) œFû0° °H

>Ô>Ý>Þ>Õ%Ê Ÿ ‹0¿ ¡ Facilities for the training d ~ … Address