



**Request for Support Letter for Critical Skills Employment
Permit Holders seeking a 'Stamp 4'**

GNIB No.

Part One Employment Permit Holder Details

1. First Name:	BLOCK CAPITALS	2. Middle Name:	BLOCK CAPITALS					
3. Last Name:	BLOCK CAPITALS	4. Date of Birth:	D	D	M	M	Y	Y
5. PPS Number:		6. Male:		7. Female:				
8. Nationality:								
9. Name of Employer:	BLOCK CAPITALS							
10. Critical Skills Employment Permit Application ID Number:	EP-							
11. Expiry Date of Critical Skills Employment Permit*: <small>* Requests can be submitted up to 12 weeks before the expiry date. Requests received more than 12 weeks before permit expiry date will be returned to the applicant.</small>	D	D	M	M	Y	Y		
12. Current Address of Employment Permit Holder (must be the address at which they are currently residing in the State):								
Address 1:	BLOCK CAPITALS							
Address 2:	BLOCK CAPITALS							
Town:	BLOCK CAPITALS							
County:	BLOCK CAPITALS							
13. Telephone No.:		14. Mobile Phone No.:						
15. E-mail address:								
Signature of Employment Permit Holder: (Original signature required)							Title:	

Part Two Requirements for Supporting Documentation

Please attach the following documentation:

- A letter from the Employment Permit holder's employer, dated within the last 3 months, confirming the Critical Skills Employment Permit holder's employment with that employer, job title and date of commencement of employment,
- Copies of 3 recent payslips issued to the holder of the Employment Permit dated within the last 4 months
- Copies of Employment Detail Summaries issued to the holder of the Employment Permit for each year of employment covering the duration of the Critical Skills Employment Permit, available on www.revenue.ie/myaccount.

Part Three Return Address

Please return this form and all supporting documentation to:

EPSTAMP4@ENTERPRISE.GOV.IE