

特定自動車運送業準備雇用契約書

EMPLOYMENT CONTRACT FOR SPECIFIED MOTOR VEHICLE TRANSPORTATION BUSINESS PREPARATION

Organization of affiliation of the foreign national for specified motor vehicle transportation business preparation_____

(hereinafter referred to as “organization”)

Foreign national for specified motor vehicle transportation business preparation (including candidates)

(hereinafter referred to as “specified skilled worker”)

This Employment Contract is hereby entered into in accordance with the contents described in the attached Written Employment Conditions.

This Employment Contract shall come into effect when the specified skilled worker entering Japan with the status of residence of “designated activities (specified motor vehicle transportation business preparation)” or changing his/her status of residence to the aforementioned status receives training and guidance (including receiving the training and guidance as provided for in Article 38, paragraph 1 and Article 39 of the Transportation Regulations on Passenger Motor Vehicle Transportation Business (Ordinance of the Ministry of Transport No. 44 of 1956); the special guidance as provided for in Article 38, paragraph 2 of the said Regulations; the guidance as provided for in Article 38, paragraph 5 of the said Regulations; and the aptitude assessment as provided for in Article 38, paragraph 2 of the said Regulations) or starts the activities of engaging in the work ancillary to the work requiring the skills for the motor vehicle transportation field or the activities of receiving driving lessons at a driving school to obtain a license as listed in Appendix No. 17 to Public Notice No. 55 for Designated Activities.

The period of the Employment Contract (beginning and end of the Employment Contract) stated in the Written Employment Conditions must be changed in accordance with the actual date of entry.

The Employment Contract shall be terminated when the period of the Employment Contract has expired without renewing the Employment Contract or when the specified skilled worker has lost his/her status of residence for any reason.

The Employment Contract and Written Employment Conditions shall be prepared in duplicate, and one copy shall be retained by each party.

Entered into on DD/MM/YYYY

Organization _____ Seal

(Name of the organization of affiliation of the foreign national for specified motor vehicle transportation business preparation, and name, title and seal of its representative)

Foreign national for specified motor vehicle transportation business preparation _____

(Signature of foreign national for specified motor vehicle transportation business preparation)

雇 用 条 件 書

WRITTEN EMPLOYMENT CONDITIONS

DD/MM/YYYY

To:

Name of the organization of affiliation of the foreign national for specified motor vehicle transportation business preparation:

Address: _____

Tel. no.: _____

Representative's name and title: _____ Seal

I. Period of the employment contract

1. Period of the employment contract

(From: (DD/MM/YYY) to (DD/MM/YYYY) Scheduled date of entry: DD/MM/YYYY)

2. Renewal of contract

- ☐ The contract shall be automatically renewed ☐ The contract may be renewed
☐ The contract is not renewable

*If the contract may be renewed, the renewal of the contract shall be determined by the following criteria.

- ☐ Volume of work to be done at the time the term of contract expires ☐ Employee's work record and work attitude
☐ Employee's capability to execute their tasks
☐ Business performance of the company ☐ State of progress of the work done by the employee
☐ Other ()

3. Limit on contract renewal (No / Yes (Up to _____ times / Total contract period of up to _____ years))

[If the employee has executed a fixed-term employment contract with the same employer under the Labor Contracts Act, and the total contract period exceeds five years]

By requesting the employer to execute an employment contract with no fixed term (a non-fixed term employment contract) during the term of the fixed term employment contract, the employee may change his/her employment contract to a non-fixed term employment contract with effect from the day following the last day of the fixed term employment contract (DD/MM/YYYY). If this applies, will the working conditions in the non-fixed term employment contract be changed from those in the fixed-term employment contract? (No / Yes (as described in Attachment 2))

II. Place of employment

- ☐ Direct employment (fill in below) (Extent of change) ☐ No possibility of change (If there is a possibility of change, provide details below.)
 * State the office of the accepting organization.
 Name of office _____ Name of office _____
 Address _____ Address _____
 Contact information _____ Contact information _____

III. Contents of work to be engaged in:

(Immediately after hiring)

1. Preparation to become a driver

2. Work category (Select any of the following.)

☐ Truck ☐ Taxi ☐ Bus

IV. Working hours, etc.

1. Start and finish times

(1) Start time: (:) Finish time: (:) (Number of prescribed working hours in one day: () hours () minutes)

(2) 【If the following systems apply to the worker】

☐ Irregular labor system : irregular labor system unit ()

* If an irregular labor system is adopted, attach a copy of the yearly calendar in a language the specified skilled worker can fully understand, and a copy of the agreement on the irregular labor system submitted to the Labor Standards Inspection Office.

☐ Work shift system using a combination of the following working hours

Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins

Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins

Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins

2. Break time (minutes)

3. No. of prescribed working hours ① Week () hours () mins ② Month () hours () mins ③ Year () hours () mins

4. No. of prescribed working days ① Week () days ② Month () days ③ Year () days

5. Overtime work ☐ Yes ☐ No

○ Details are stipulated in Article (), Article () and Article () of the Rules of Employment.

V. Days off

1. Regular days off: Every (), national holidays, others () (total number of annual days off: () days)

2. Additional days off: () days per week/month, others ()

○ Details are stipulated in Article (), Article () of the Rules of Employment.

VI. Leave

1. Annual paid leave Those working continuously for six months or more → () days

Those working continuously for up to six months (☐ Yes ☐ No) → After a lapse of () months and () days

2. Other leave Paid () Unpaid ()

3. Leave for temporary return home: If the specified skilled worker wishes to return home temporarily, he or she must be given necessary days off within the scope of the abovementioned 1 and 2.

○ Details are stipulated in Article (), Article () of the Rules of Employment.

VII. Wages

1. Basic pay ☐ Monthly wage (yen) ☐ Daily wage (yen) ☐ Hourly wage (yen)

* Details given in the attachment.

2. Various allowances (excluding additional pay rate for overtime)

(allowance, allowance, allowance)

* Details given in the attachment.

3. Additional pay rate for overtime, holiday work or night work

(1) Overtime work: Legal overtime 60 hours or less a month () %

Legal overtime over 60 hours a month () %

Fixed overtime () %

(2) Holiday work Legal holiday work () %, Non-legal holiday work () %

(3) Night work () %

4. Closing day of payroll ☐ () of every month; () of every month

5. Pay day ☐ () of every month; () of every month

6. Method of wage payment ☐ Bank transfer ☐ Payment in yen (cash)

7. Deduction from wages in accordance with labor-management agreement ☐ No ☐ Yes

* Details given in the attachment.

8. Wage raise	<input type="checkbox"/> Yes (Timing, amount, etc.) <input type="checkbox"/> No
9. Bonus	<input type="checkbox"/> Yes (Timing amount, etc.) <input type="checkbox"/> No
10. Retirement allowance	<input type="checkbox"/> Yes (Timing, amount, etc.) <input type="checkbox"/> No
11. Leave allowance	<input type="checkbox"/> Yes (rate)

VIII. Items concerning retirement

1. Procedure for retirement for personal reasons (Notification should be made to the president or the factory foreman, etc. no less than () days before retirement)

2. Reasons and procedure for the dismissal

In cases of dismissal, the specified skilled worker shall be dismissed through being given 30 days' advance notice or at least 30 days of the average wage only when there are unavoidable reasons for the dismissal. In cases of dismissal based on a cause attributable to the fault of the specified skilled worker, there is the possibility of immediate dismissal without giving advance notice or the average wage being paid on approval being obtained from the Director of the Labor Standards Office Concerned.

Details are stipulated in Article (), Article () of the Rules of Employment.

IX. Others

1. Joining social insurance / employment insurance (☐ Employees' pension insurance, ☐ Health insurance, ☐ Employment insurance ☐ Industrial accident insurance ☐ National pension) ☐ National health insurance ☐ Others ()

2. Health check at the time of hiring: Month () Year ()

3. First regular health check: Month () Year () (every () afterwards)

4. Point of contact for matters concerning the improvement of employment management etc.

Name of department Name of person in charge (Contact information)

5. If the specified skilled worker is unable to pay for the travel expenses to return to his or her home country after the termination of this contract, the organization shall pay for the travel expenses and take necessary measures to ensure smooth departure.

Recipient (signature)

Any other matters shall be governed by the company's Rules of Employment. Place and method of checking the Rules of Employment

()

PAYMENT OF WAGES

* Amount per month in cases of daily or hourly wages (yen)

(d) (allowance yen; Calculation method)

- Requirement for payment: An overtime allowance for _____ hours will be given regardless of whether the worker did overtime. The additional pay rate for overtime will be given for overtime exceeding _____ hours.)

3. Estimated payment per month (1+2) approx. yen (total)

(approx. yen)

(approx. yen)

(approx. yen)

(approx. yen)

(approx. yen)

Amount to be deducted approx. yen (total)

5. Take-home pay (3 - 4) approx. yen (total)

* Provided there is no absence from work, etc. and excluding additional pay, etc. for overtime work.

分野参考様式第 15-7 号 別紙 2 (雇用条件書 I.で【労働契約法に定める同一の企業との間での通算契約期間が 5 年を超える有期雇用契約の締結の場合】で有を選択した場合)

Specified Field Reference Form 15-7, Attachment 2 (If the employee has executed a fixed-term employment contract with the same employer under the Labor Contracts Act, and the total contract period exceeds five years, and if your answer to the question in the Written Employment Conditions I is yes.)

雇 用 条 件 書

WRITTEN EMPLOYMENT CONDITIONS

The terms and conditions of an employment contract with no fixed term (a non-fixed term employment contract) that will come into effect if the employee requests the employer to execute the non-fixed term employment contract during the term of his/her fixed term employment contract are as follows:

DD/MM/YYYY

To: _____

Name of the organization of affiliation of the foreign national for specified motor vehicle transportation business preparation: _____

Address: _____

Tel. no.: _____

Representative's name and title: _____ Seal

I. Period of the employment contract No fixed term

II. Place of employment

☐ Direct employment (fill in below)

(Immediately after hiring)

Name of office _____

Address _____

Contact information _____

(Extent of change) ☐ No possibility of change (If there is a possibility of change, provide details below.)

Name of office _____

Address _____

Contact information _____

III. Contents of work to be engaged in:

(Immediately after hiring)

1. Preparation to become a driver

2. Work category (Select any of the following.)

☐ Truck ☐ Taxi ☐ Bus

IV. Working hours, etc.

1. Start and finish times

(1) Start time: (:) Finish time: (:) (Number of prescribed working hours in one day: () hours () minutes)

(2) [If the following systems apply to the worker]

☐ Irregular labor system: irregular labor system unit ()

* If an irregular labor system is adopted, attach a copy of the yearly calendar in a language the specified skilled worker can fully understand, and a copy of the agreement on the irregular labor system submitted to the Labor Standards Inspection Office.

☐ Work shift system using a combination of the following working hours

Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins

Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins

Start time (:) Finishing time (:); Day applied (); prescribed working hours for one day () hours () mins

2. Break time (minutes)

3. No. of prescribed working hours ① Week () hours () mins ② Month () hours () mins ③ Year () hours () mins
4. No. of prescribed working days ① Week () days ② Month () days ③ Year () days
5. Overtime work ☐ Yes ☐ No
- Details are stipulated in Article (), Article () and Article () of the Rules of Employment.

V. Days off

1. Regular days off: Every (), national holidays, others () (total number of annual days off: () days)
2. Additional days off: () days per week/month, others ()
- Details are stipulated in Article (), Article () of the Rules of Employment.

VI. Leave

1. Annual paid leave Those working continuously for six months or more → () days
Those working continuously for up to six months (☐ Yes ☐ No) → After a lapse of () months and () days
2. Other leave Paid () Unpaid ()
3. Leave for temporary return home: If the specified skilled worker wishes to return home temporarily, he or she must be given necessary days off within the scope of the abovementioned 1 and 2.
- Details are stipulated in Article (), Article () of the Rules of Employment.

VII. Wages

1. Basic pay ☐ Monthly wage (yen) ☐ Daily wage (yen) ☐ Hourly wage (yen)
- * Details given in the attachment.
2. Various allowances (excluding additional pay rate for overtime)
- (allowance, allowance, allowance)
- * Details given in the attachment.

3. Additional pay rate for overtime, holiday work or night work
- (1) Overtime work: Legal overtime 60 hours or less a month () %
Legal overtime over 60 hours a month () %
Fixed overtime () %
- (2) Holiday work Legal holiday work () %, Non-legal holiday work () %
- (3) Night work () %
4. Closing day of payroll ☐ () of every month; ☐ () of every month
5. Pay day ☐ () of every month; ☐ () of every month
6. Method of wage payment ☐ Bank transfer ☐ Payment in yen (cash)
7. Deduction from wages in accordance with labor-management agreement ☐ No ☐ Yes
- * Details given in the attachment.
8. Wage raise ☐ Yes (Timing, amount, etc.) ☐ No
9. Bonus ☐ Yes (Timing, amount, etc.) ☐ No
10. Retirement allowance ☐ Yes (Timing, amount, etc.) ☐ No
11. Leave allowance ☐ Yes (rate)

VIII. Items concerning retirement

1. Procedure for retirement for personal reasons (Notification should be made to the president or the factory foreman, etc. no less than () days before retirement)
2. Reasons and procedure for the dismissal
- In cases of dismissal, the specified skilled worker shall be dismissed through being given 30 days' advance notice or at least 30 days of the average wage only when there are unavoidable reasons for the dismissal. In cases of dismissal based on a cause attributable to the fault of the specified skilled worker, there is the possibility of immediate dismissal without giving advance notice or the average wage being paid on approval being obtained from the Director of the Labor Standards Office Concerned.
- Details are stipulated in Article (), Article () of the Rules of Employment.

[illegible]

- Name of department Name of person in charge (Contact information)

Any other matters shall be governed by the company's Rules of Employment. Place and method of checking the Rules of Employment ()

雇 用 の 経 緯 に 係 る 説 明 書

Explanation of Employment Background

特定自動車運送業準備外国人_____との間で特定自動車運送業準備雇用契約を締結するに当たっての雇用の経緯は以下のとおりです。

Regarding the conclusion of the employment contract for specified motor vehicle transportation business preparation with the relevant foreign national _____, the employment background is as follows.

1 職業紹介事業者（国内）

Employment placement business provider (in Japan)

1 あっせんの有無 Use of an employment placement service i	<input type="checkbox"/> 有 Yes			<input type="checkbox"/> 無 No		
2 許可・届出受理番号 (受接受付年月日) Acceptance No. for approval and notification (Date of acceptance and receipt)	— — (年 月 日) — — (DD /MM /YYYY)					
3 職業紹介事業者の区分 Category of the employment placement business provider	<input type="checkbox"/> 有料職業紹介事業者 <input type="checkbox"/> Fee-charging employment placement business provider <input type="checkbox"/> 無料職業紹介事業者 <input type="checkbox"/> Free employment placement business provider					
4 職業紹介事業者の氏名 Name of the employment placement business provider						
5 職業紹介事業者の住所 (電話番号) Address of the employment placement business provider (Telephone number)	〒 — (電話番号 — —) (Telephone number — —)					
6 職業紹介事業者へ支払った費用 Expenses paid to the employment placement business provider	求職者 (申請人) Job seeker (the applicant)	額 Amount	(円) (yen)			
		名目 Description	として For payment of			
	求人者 (特定自動車運送業準備所属機関) Job offeror (Organization of	額 Amount	(円) (yen)			
		名目 Description	として For payment of			

	affiliation of the foreign national for specified motor vehicle transportation business preparation)		
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(注意)

(Notes)

- 1 欄で無にチェックを付した場合には、2 以下の欄の記載は不要とする。
If you ticked "No" in section 1, you do not need to fill out sections below section 2.
- 2 から 5 欄までは、厚生労働省職業安定局ホームページの「人材サービス総合サイト」を活用し、当該職業紹介事業者についての該当する情報を記入すること。また、併せて当該情報が掲載されている画面の写しを添付すること。
Fill in the relevant information for the applicable employment placement business provider in sections 2, 3, 4, and 5, using the "Comprehensive Human Resource Services Website" which is operated by the Employment Security Bureau of the Ministry of Health, Labour and Welfare. Furthermore, attach a copy of the screen on which the information in question is posted.
- 6 欄は、求職者及び求業者が職業紹介事業者を支払った額及び名目について記載すること。なお、求職者が日本円以外で費用を支払った場合は、当該通貨で支払った額及び日本円に換算した額を記載すること。
Fill in the amount and description of the money paid by the job seeker and job offeror to the employment placement business provider in section 6. Please note that if the job seeker paid the expense in a currency other than yen, you must state the amount paid in the local currency, as well as that amount converted to yen.
- 職業紹介事業者との間で交わした契約書があれば、その写しを添付すること。
If you have a written contract exchanged with the employment placement business provider, please attach a copy of it.

2 取次機関（国外）（1 で有にチェックを付した場合のみ記載）

Agent organization (outside Japan) (Only those who ticked "Yes" in section 1 above need to fill in the form below)

1 取次ぎの有無 Use of service provided by the agent organization	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No		
2 氏名又は名称 Name of the agent organization			
3 所在国 Country where the agent organization is located			
4 所在地 Address of the agent organization	(電話番号 — —) (Telephone number — —)		
5 取次機関へ支払った費用 Expenses paid to the agent organization	求職者 (申請人) Job seeker (the applicant)	額 Amount	(円) (yen)
		名目 Description	として For payment of
	求業者 (特定自動車運送業 準備所属機関) Job offeror (Organization of affiliation of the foreign national for specified motor vehicle transportation business preparation)	額 Amount	(円) (yen)
		名目 Description	として For payment of

(注意)

(Notes)

- 1 取次機関とは、職業紹介事業者が求人者に求職者のあっせんを行うに際し、当該職業紹介事業主に対し求職者等に係る情報の取次ぎを行う者をいう。

The agent organization means the party that acts as the agent handling the job seeker's information for the applicable employment placement business provider, in the case where the job offeror uses the employment placement service provided by the employment placement business provider to recruit the job seeker.

- 2 1 欄で無にチェックを付した場合には、2 以下の欄の記載は不要とする。

If you ticked "No" in section 1, you do not need to fill out sections below section 2.

- 3 5 欄は、求職者及び求人者が取次機関に支払った額及び名目について記載すること。なお、求職者及び求人者が日本円以外で費用を支払った場合は、当該通貨で支払った額及び日本円に換算した額を記載すること。

Fill in the amount and description of the money paid by the job seeker and job offeror to the agency organization in section 5. Please note that if the job seeker and job offeror paid their expenses in a currency other than yen, you must state the amount paid in the local currency, as well as that amount converted to yen.

- 4 取次機関との間で交わした契約書があれば、その写しを添付すること。

If you have a written contract exchanged with the agency organization, please attach a copy of it.

3 事前ガイダンスの実施

Conducting of guidance in advance

特定自動車運送業準備外国人支援計画に定めるとおりに実施していることの有無 Is guidance being conducted according to the "Support Plan for Foreign Nationals for Specified Motor Vehicle Transportation Business Preparation?"	有 ・ 無 Yes/No
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以上の1から3までの内容について相違ありません。なお、求職者（申請人）が在留資格「特定活動」の活動を行うことに関連して保証金、違約金の支払等の不適切な費用徴収がされていないことを本人から聞き取るなどして確認しています。

There are no discrepancies with regard to 1 to 3 above. Further, it has been confirmed by, for example, asking the person himself/herself that there has not been any inappropriate levying of fees such as a deposit or penalty payment on the job seeker (applicant) in connection with his/her activities related to the "designated activities" status of residence.

作成年月日： 年 月 日

Prepared on DD /MM /YYYY

特定自動車運送業準備所属機関の氏名又は名称

Name of the organization of affiliation of the foreign national for specified motor vehicle transportation business preparation

作成責任者の氏名及び役職

Name and title of the person _____
responsible for preparing this document

4 求職者（申請人）が自国等の機関に支払った費用

Fees paid by the job seeker (applicant) to organization in his/her country, etc.

支払先機関の名称 Name of organization to	名目 Name of item	支払年月日 Date of payment	支払金額 Amount paid
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	which payment has been made			
1			年 月 日 mm/dd/yyyy	(円) (yen)
2			年 月 日 mm/dd/yyyy	(円) (yen)
3			年 月 日 mm/dd/yyyy	(円) (yen)
4			年 月 日 mm/dd/yyyy	(円) (yen)
5			年 月 日 mm/dd/yyyy	(円) (yen)
				計 (円) Total (yen)

(注意)

(Notes)

- 1 自国等の機関は、特段対象を限定するものではなく、特定自動車運送業準備雇用契約の申込みの取次ぎ又は活動の準備に関与した全ての機関をいう。
The term "his/her country, etc." does not refer to particular institutions, but rather means institutions involved in accepting applications for employment contracts for specified motor vehicle transportation business preparation or in the preparation of activities, without limiting the scope of the subject matter in any particular way.
- 2 支払金額については、現地通貨又は米ドルで記載し、括弧書きで日本円に換算した金額を記載すること。
With regard to "Amount paid," write it in local currency or US dollars and write in the parenthesis the value converted into yen.
- 3 名目については、申請人に示した名目どおりに記載すること。
With regard to "Name of Item," write the name as expressed to the applicant.

特定自動車運送業準備雇用契約の申込みの取次ぎ又は在留資格「特定活動」に係る活動の準備に関して、自国等の機関に対し、上記の費用の額及び内訳について十分に理解した上で支払いしました。また、上記の費用以外の費用については、徴収されていません。

I have paid the above fees with amounts and details as described above to organizations in my country, etc. with a full understanding of the amount and breakdown of the costs involved in acting as an agent for applications for employment contracts for specified motor vehicle transportation business preparation or in preparing for activities related to the "designated activities" status of residence. Furthermore, no other fees other than the above have been collected from me.

申 請 人 の 署 名

Signature of the applicant

特定自動車運送業準備外国人支援計画書

Support Plan for Foreign Nationals for Specified Motor Vehicle Transportation Business Preparation

Prepared: DD MM YYYY

I Subject of support	1. Name	(No of other potential specified skilled workers:)		2. Sex	Male/ Female
	3. Date of birth	DD	MM	YYYY	4. Nationality / Region
II Organization of affiliation of the foreign national for specified motor vehicle transportation business	1. Name with furigana				
	2. Address	Postal code — (Telephone no. — —)			
	3 Location of office providing support (fill in when different to 2)	Postal code — (Telephone no. — —)			
	4. Details of the structure in place to perform the support work	Support manager	Name with furigana		Title
		Total number of specified skilled workers (i) and foreign nationals for the preparation of specified motor vehicle transportation business that the organization supports		No. of persons:	Has neutrality of support been secured? The person responsible for support and the person in charge of support do not have the authority to give the recipient of support orders (for example, employees in a different department from the recipient of support) or even where they are in different departments, they are not in a position where they have the authority to give the recipient of support orders. Yes No
		No. of support staff	No. of persons:		

III Registered support organization	1. Registration number		Registration —		2. Date of registration		DD/MM/YYYY		3. Scheduled date of start of support work		DD/MM/YYYY		
	4. Name with furigana												
	5. Address		Postal code —										
			(Telephone number — —)										
	In the case of a corporation	6. Name of the representative with furigana											
	7. Address of the office providing support		Postal code —										
(Telephone number — —)													
8. Details of the structure in place to perform the support work		Support manager		Name with furigana				Title					
		Total number of specified skilled workers (i) and foreign nationals for the preparation of specified motor vehicle transportation business that the organization supports		No. of persons:		Has appropriateness of support been secured? The person responsible for support is not the spouse of an officer of the organization of affiliation, is not within a second degree of relationship by blood, is not a person who has a close social relationship with an officer of the organization of affiliation, and has not been an officer or employee of the organization of affiliation in the last five years. - There exists no reason to refuse the registration as a registered support organization of the person responsible for support and the person in charge of support.							
		No. of support staff		No. of persons:									
						Yes		No					

			Contents of support	Scheduled implementation of support	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Implementation method (Check all the applicable boxes)		
						Name (Title)	Address (Only when outsourced)			
IV Contents of support	A. Contents of information provision, etc.	1. Provision of advance guidance	a. Matters concerning the content of work to be engaged in, the amount of remuneration, and other working conditions		Yes / No	(In cases where the details for each case of support is different, please explain below)	(In cases where the details of each case of support is different, please explain below)	(In cases where the details of each case of support is different, please explain below)	<input type="checkbox"/> In person <input type="checkbox"/> Video call equipment <input type="checkbox"/> Other ()	
			b. Contents of activities that can be engaged in while in Japan							
			c. Matters concerning procedures for entering Japan							
			d. Prohibition of the collection of a deposit or conclusion of a contract which stipulates penalties with regard to non-performance of the contract							
			e. If expenses are to be paid to an organization in a foreign country in relation to preparations for entry into Japan, the specified skilled worker (i) must fully understand the amount of the expenses and a breakdown before paying the expenses							<input type="checkbox"/> Yes () <input type="checkbox"/> No ()
			f. The foreign national must not be made to pay any expenses necessary for the support							
			g. Contents of support relating to picking the specified skilled worker (i) up at the time of entry into Japan							
			h. Contents of support relating to securing housing							
			i. Contents relating to handling of consultations for advice and complaints							
			j. Name and contact information of the support staff of the organization of affiliation of the foreign national for specified motor vehicle transportation business preparation							
			Free description (Other details)							

		B. Language that the support is to be given in	Language: (where there is interpretation provided by someone other than the person in charge of support) Name and position of interpreter				
		C. Scheduled hours of support	Total number of hours:				
2. Pick up and drop off at time of entry or departure		Contents of support	Scheduled implementation	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Implementation method (Check all the applicable boxes)
					Name (Title)	Address (Only when outsourced)	
		a. Pick up at the airport or seaport of arrival and transfer to the organization of affiliation of the specified skilled worker (i) or to the accommodation	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Airport or seaport of arrival (Airport) <input type="checkbox"/> Method of pick-up ()
		b. Drop off at the scheduled airport or seaport of departure and assistance with the departure procedures until entering the security check line	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Scheduled airport or seaport of departure (Airport/Undecided) <input type="checkbox"/> Method of pick-up ()
		Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —	
3. Support for suitable accommodation and contracts for general living	A. Support related to securing suitable accommodation	Contents of support	Scheduled implementation of support	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Method of implementation of support
					Name (Title)	Address (Only when outsourced)	
		a. Provision on information on real estate agencies and rental properties, and where necessary, accompanying the specified skilled worker (i) to help with the procedures to secure housing, and assist in finding a residence. In addition, if a guarantor is required at the time of the conclusion of the rental contract, and there is no suitable guarantor, either become a guarantor for the specified skilled worker (i) or secure an available rental debt guarantor who will act as the guarantor of the specified skilled workers (i), and act as the emergency contact	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
		b. Personally become the tenant and enter into a rental agreement, and offer the residence to the foreign national for specified motor vehicle transportation business preparation with his/her consent	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
		c. Provide company housing, etc., as a residence with the agreement of the foreign national for specified motor vehicle transportation business preparation	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	

		Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —	
		d. Summary of the residence for which information is to be provided or the housing to be provided as residence (including cases where planned for provision)	<input type="checkbox"/> Whether housing has already been secured at the time of submission of the application for permission to change the status of residence (or application of issuance of a certificate of eligibility) <input type="checkbox"/> Whether housing is to be secured after submission of the application for permission to change the status of residence (or application of issuance of a certificate of eligibility)				
			Size of room (Total no. of co-habitants:) <input type="checkbox"/> Secure at least 7.5 m ² of space per person Size of sleeping space <input type="checkbox"/> Secure sleeping space of at least 4.5 m ² in space per person				
B. Support related to contracts necessary for general living		Contents of support	Scheduled implementation	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Implementation method (Check all the applicable boxes)
					Name (Title)	Address (Only when outsourced)	
		a. Assist with procedures to open a deposit account or savings account at a bank or other financial institution	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Provision of information on procedures <input type="checkbox"/> Where necessary, accompany the specified skilled worker (i) to assist with the procedures <input type="checkbox"/> Others ()
		b. Assist with procedures to enter into a contract for use of a mobile phone	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Provision of information on procedures <input type="checkbox"/> Where necessary, accompany the specified skilled worker (i) to assist with the procedures <input type="checkbox"/> Others ()
		c. Assist with procedures for lifelines such as electricity, water, gas	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Provision of information on procedures <input type="checkbox"/> Where necessary, accompany the specified skilled worker (i) to assist with the procedures <input type="checkbox"/> Others ()
		Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —	
		Contents of support	Scheduled implementation	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Implementation method (Check all the applicable boxes)
					Name (Title)	Address (Only when outsourced)	
		a. Matters concerning general living in Japan					

4. Implementation of guidance on general living	A. Contents of information provision	b. Matters concerning notification to an organization of the national government or local government which the specified skilled worker (i) has to make pursuant to the provisions of laws and regulations and matters relating to other procedures, and where necessary, accompanying the specified skilled worker (i) to assist with the procedures	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No (In cases where the details of each case of support is different, please explain below)	(In cases where the details of each case of support is different, please explain below)	Postal code — (In cases where the details of each case of support is different, please explain below)	<input type="checkbox"/> In person <input type="checkbox"/> Video phone calls, viewing of DVDs, etc. (A system for dealing with questions) (In cases where the details of each case of support is different, please explain below)
		c. Contact information for consultations and complaints, contact information of the organization of the national or local government where a request is to be filed					
		d. Matters concerning medical institutions where the specified skilled worker (i) will be able to receive medical treatment in a language that he/she is fully able to understand					
		e. Matters related to disaster prevention and crime prevention, and other necessary matters for responses at the time of a sudden illness or other emergencies					
		f. Method of response on becoming aware of a violation of laws and regulations relating to immigration or labor, and other matters necessary for legal protection of the specified skilled worker (i)					
		Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —	<input type="checkbox"/> Oral <input type="checkbox"/> Written (including a translation) <input type="checkbox"/> Others ()
	B. Language that the support is to be given in Language: (where there is interpretation provided by someone other than the person in charge of support) Name and position of interpreter						
	C. Scheduled hours of support Total number of hours:						

5. Provision of opportunities for Japanese language studies	Contents of the support		Scheduled implementation	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Implementation method (Check all the applicable boxes)
					Name (Title)	Address (Only when outsourced)	
	a. Provision of information on admission guidance for Japanese language classes and Japanese language institutions, and accompanying as needed to assist with admission procedures		<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	b. Provision of information on Japanese language learning materials for self-learning and online Japanese language courses, and where necessary, obtaining Japanese language learning materials and assisting with the contract procedures for using online Japanese language courses		<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	c. Based on an agreement with the foreign national for specified motor vehicle transportation business preparation, enter into a contract with a Japanese language instructor and provide opportunities for the foreign national for specified motor vehicle transportation business preparation to study Japanese		<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	Free description (Other details)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —	
6. Responses to consultations or complaints	A. Contents of responses, etc.	Contents of the support		Scheduled implementation	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced	
						Name (Title)	Address (Only when outsourced)
		a. Appropriate responses to a request for a consultation or to a complaint in a language that can be fully understood without delay, and giving of necessary advice and guidance		<input type="checkbox"/> Yes (implemented in a timely manner) <input type="checkbox"/> No ()	Yes / No		Postal code —
		b. Where necessary, give information on the relevant administrative organization corresponding to the content of the consultation, and assist with necessary procedures such as accompanying the specified skilled worker (i)					
		Free description (Other details)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —

	Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —	
8. Support for a job change except where caused by the foreign national	Contents of the support	Scheduled implementation	Outsourced Yes No	Support staff or implementing staff if the support is to be outsourced		Implementation method (Check all the applicable boxes)
				Name (Title)	Address (Only when outsourced)	
	a. Obtaining and providing information on the next accepting organization through an industry association or affiliated company, etc.	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	b. Provision of information on public employment agencies and other employment agencies and accompanying the foreign national for specified motor vehicle transportation business preparation to assist as needed with finding the next accepting organization	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	c. Preparing a letter of recommendation to enable the foreign national for specified motor vehicle transportation business preparation to receive employment advice or workplace introductions or to be able to engage in job-hunting activities based on the desired conditions, skills level, and Japanese language skills of the foreign national for specified motor vehicle transportation business preparation	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	d. Mediation to find a place of employment in cases where it is permitted to mediate for employment having received permission or notification for a work intermediating business	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
	e. Granting of paid leave necessary for the foreign national for specified motor vehicle transportation business preparation to engage in job hunting activities	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()				
	f. Provision of information on necessary administrative procedures when leaving the workplace	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	<input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Others ()
	g. When it is expected that support for a job change cannot be properly implemented due to bankruptcy or some other reason, securing of a person who will be able to provide support in lieu of the organization	<input type="checkbox"/> Yes () <input type="checkbox"/> No ()	Yes / No		Postal code —	
		Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —

9. Conducting of periodic interviews and notification to administrative agencies	A. Contents of interviews, etc.	Contents of the support	Scheduled implementation	Outsourced Yes No	Support manager or support staff ※For column b and the free-entry column, if the support is to be outsourced, implementing staff are also acceptable.		Implementation method (Check all the applicable boxes)
					Name (Title)	Address (Only when outsourced)	
		a. Conducting periodic interviews (at least once every three months) with the foreign national for specified motor vehicle transportation business preparation and those who are in charge of supervising him/her in order to confirm the work and living conditions of the foreign national for specified motor vehicle transportation business preparation	<input type="checkbox"/> Yes ()	Yes / No		Postal code —	<input type="checkbox"/> In person <input type="checkbox"/> Radio, maritime telephone (deep-sea fisheries only)
		b. Provision of the information provided in the general living orientation in order to go over the information again	<input type="checkbox"/> No ()				
		c. Notification to the Labor Standards Inspection Office or other relevant administrative agencies on becoming aware of a violation of the Labor Standards Act or other labor-related laws	<input type="checkbox"/> Yes (implemented in a timely manner) <input type="checkbox"/> No ()				
		d. Notification to the Regional Immigration Services Bureau on becoming aware of a violation of the Immigration Control Act such as the specified skilled worker (i) engaging in activities other than those authorized under the status of residence, or other problems such as confiscation of the passport or residence card					
	Free description (Other details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes / No		Postal code —		
B. Language that the support is to be given in							Language: (where there is interpretation provided by someone other than the person in charge of support) Name and position of interpreter

Notes

1. Column I. If there are multiple people who are supposed to receive support and the contents of the support are the same, for “1 Name” write, “As given in the attached name list”, and attach a name list (no set format) for the matters set out in column I.
2. Column II-4: Fill in this section only if the organization of affiliation of the foreign national for specified motor vehicle transportation business preparation itself is to implement the support plan for the foreign national for specified motor vehicle transportation business preparation.
3. Column III: Fill in this section only when entrusting the implementation of all support plans for the foreign national for specified motor vehicle transportation business preparation to a registered support organization.
4. “Scheduled implementation” in Column IV-1 to 9: Select the applicable item. If the scheduled implementation is “Yes”, briefly describe the implementation time; and if “No”, describe the reasons for not implementing the support in the parentheses.
5. Only tick "yes" for the "Outsourced" section in Column IV-1 to 9, if the organization of affiliation of the foreign national for specified motor vehicle transportation business preparation is to entrust part of the support to a third party (excluding the cases when it is outsourced to a registered support organization). If the organization of affiliation of the foreign national for specified motor vehicle transportation business preparation itself is to provide support or entrust all of the support to a registered support organization, tick "no".
6. "Support staff or implementing staff if the support is to be outsourced" in Column IV-1 to 8: If the organization of affiliation of the foreign national for specified motor vehicle transportation business preparation itself is to provide support or entrust all of the support to a registered support organization, list the names of the appointed support staff, followed by their titles in parenthesis, for each type of support given. If a third party partly entrusted by the organization of affiliation of the foreign national for specified motor vehicle transportation business preparation is to provide support, list the names and addresses of the staff entrusted for the support.
7. "Support manager or support staff" in Column IV-9: If the organization of affiliation of the foreign national for specified motor vehicle transportation business preparation itself is to provide support or entrust all of the support to a registered support organization, list the names of the appointed support manager or support staff, followed by their titles in parenthesis, for each type of support given. In addition, if the support work described in the same column is performed by the third party partly entrusted by the organization of affiliation of the foreign national for specified motor vehicle transportation business preparation, list the names and addresses of the staff entrusted for the support in column b and the free-entry column.
7. “Implementation method” in Column IV-1 to 4, 9: Select the applicable item. If you select “Others”, give the method of implementation in the parentheses.
8. With regard to IV Cell 3-A-d, select the appropriate check box from within the parentheses.
9. “Response times” in Column IV-6, B: Give the times for the available days of the week.

I hereby declare that the support will be provided as described above.

In addition, this document has been translated into a language that the recipient of the support is fully able to understand. A copy has also been given to the recipient of the support, and the contents have been fully explained.

Name of the organization of affiliation of the foreign national for
specified motor vehicle transportation business preparation

Name of the person preparing this document

I have received a translation of this document in the _____ language, and I fully understand the contents having had them explained to me.

Date of signature

DD/MM/YYYY

Signature of the foreign national for specified motor
vehicle transportation business preparation