



## Application regarding DA1 Certificate

Please send this form to:

**Helfo**

Postboks 2415  
3104 Tønsberg

Upon travelling to or residing in another EEA country/Switzerland, use this application form to document that you have rights regarding an approved occupational injury / occupational illness that occurred in Norway. Attach a copy of the approved decision from Nav regarding the occupational injury.

### 1. Information regarding the applicant

First name	Surname
Social security number (11 digits)/D-number	Nationality
Telephone number	E-mail address
Residential address in Norway	
Address in the EEA country or Switzerland you are travelling to / moving to	
I am going to re-locate I am going to temporarily re-locate	
Provide information regarding the intended length of stay / expected period of treatment	

### 2. Fill out the following information if it concerns occupational injury

Did the approved occupational injury occur while working for a Norwegian employer, or while attending school in Norway?	YES	NO
<b>If NO</b> , you must apply for the DA1 Certificate from the country the occupational injury was approved.		
<b>If YES</b> , provide the date the occupational injury occurred:		
Describe the occupational injury		

### 3. Fill out the following information if it concerns occupational illness

Did the approved occupational illness occur while working for a Norwegian employer or while attending school in Norway?	YES	NO
<b>If NO,</b> you must apply for a DA1 Certificate from the country where the occupational illness was approved.		
<b>If YES,</b> provide the date the occupational illness was diagnosed:		
Describe the occupational illness:		

### 4. Necessary documentation that must be provided together with the application

Copy of the decision from Nav regarding the approved occupational injury or occupational illness.

### 5. Signature

I confirm that the information provided in the form is both correct and complete.  
I will inform Helfo if any circumstantial changes regarding the application occur.

Place and date	Signature
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