

THIS IS NOT A PERMIT

NEW RENEWAL
 Permit No. _____

APPLICATION FOR PERMISSION TO WORK IN THE ENTERTAINMENT INDUSTRY

PROCEDURES FOR OBTAINING WORK PERMIT

1. Complete the information required below
2. School authorities must complete the "School Record" section below
3. For minors 15 days through kindergarten, please attach a certified copy of minor's birth certificate. See reverse side for other documents that may be accepted.
4. Mail or present the completed application to any office of the Division of Labor Standards Enforcement for issuance of your work permit. Work permits will be issued within 3 business days and mailed to you.
5. Please provide a preaddressed, stamped envelope.

Name of Child				Professional Name (if applicable)									
Permanent Address Number		Street		City		State		Zip Code		Home Phone Number			
School Attending										Grade			
Date of Birth		Age		Height		Weight		Hair Color		Eye Color		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
STATEMENT OF PARENT OR GUARDIAN: It is my desire that an Entertainment Work Permit be issued to the above named child. I will read the rules governing such employment and will cooperate to the best of my ability in safeguarding his or her educational, moral and physical interest. I hereby certify, under penalty of perjury, that the foregoing statements are true and correct.													
Name of Parent or Guardian (print or type)						Signature			Daytime Phone Number				

SCHOOL RECORD

State whether "SATISFACTORY" or "UNSATISFACTORY" for each

Attendance		Scholarship (Grades)				Health	
I CERTIFY THAT THE ABOVE-NAMED MINOR: <input type="checkbox"/> Meets the school district's requirements with respect to age, school record, attendance and health. <input type="checkbox"/> Does not meet the district's requirements and permit should not be issued.							
Authorized School Official					Date		
School Address					School Phone Number		
[School Seal]							

HEALTH RECORD

Complete this Section if instructed to do so or if infant is under One Month of Age

Name of Doctor		Address			Phone Number	
I certify that I am a licensed physician and surgeon who is Board Certified in pediatrics, and have carefully examined _____ In my opinion, (please circle) he / she is / is not physically fit to be employed in the production of motion pictures and television. If less than one month, infant is / is not at least 15 days old, was / was not carried to full term, and is / is not physically able to perform.						
Signature _____		M.D.		Date _____		
Remarks						