Application for Entertainment Work Permit

This form NOT VALID Online

Clear

Print

THIS IS NOT A PERMIT

| STATE OF CALIFORNIA | | | | ☐ NEW (never applied before) ☐ REN | | | | | |
|---|---|---|---|--|--|--|---|--|--|
| Division of Labor Standards Enforcement | | | | | Permit No. | t No. | | | |
| APP | LICATION FO | OR PERMISS | ION TO | WOR | K IN THE E | NTERTAINM | ENT INDUSTRY | | |
| Parent/Gua School auth No copies p For minors See reverse Mail or pre Work perm | FOR OBTAINING rdian must comple orities must complermitted. 15 days through kiside for other docusent the completed its will be issued an ide a preaddressed | te the information ete the "School Re indergarten, pleas ments that may b application to any nd mailed to you. | required be ecord" section e attach a phe e accepted. Labor Com Van Nuys off | elow. Sig on below noto copy nmission fers sam | nature required for minors in gr of minor's birt er's office for iss e-day processing | rades 1 thru 12 <u>in o</u> h certificate. suance of your wor s. | | | |
| Name of Child | | | | | fessional Name (| if applicable) | | | |
| Permanent Addre | Street | | | | City | State | Zip Code | | |
| Home Phone Number | | Mobile Phone Number | | | Email Address | | | | |
| Grade Level | School Attending | | | | | | | | |
| Date of Birth | Age | Height | | lbs. | Hair Color | Eye Color | Gender Male Female | | |
| read the rules go physical interest By submitting pers DLSE's use of that DLSE's use of suc | verning such emp . I hereby certify, use onal information about personal information | loyment and will co under penalty of pe ut yourself and your i for purposes authori n includes the disclos | ooperate to t erjury, that th minor child to ized by Labor | the best on the forego DLSE in on Code § 13 | of my ability in s ping statements order to obtain an e 08.5 and 1308.10, out ut you and your mi | afeguarding his or are true and correct entertainment work pe which provide for the | o the above named child. I will her educational, moral and t.t. trimit for your child, you consent to issuance of such permits. Note that les who want to verify a work permit. | | |

SCHOOL RECORD

| Attendance | Academics (Grades) | Health – Please indicate if the minor requires medical approval to obtain a permit |
|--|--|--|
| SATISFACTORY / UNSATISFACTORY | SATISFACTORY / UNSATISFACTORY | SATISFACTORY / NEEDS MEDICAL APPROVAL |
| Does not meet the district's requirements Authorized School Official, Signature and Title | with respect to age, school record, attendance a and permit should not be issued. | and health. |
| X | School Phone Nun | |
| School Address | | |

HEALTH RECORD

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

| 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 check) HE / SHE S / IS NOT physically fit to be employed on any motion picture set or location. If less than one month, intant IS / IS NOT at least 15 days old, WAS / WAS NOT carried to full term, and IS / IS NOT physically able top perform. | | | | | | | |
| M.D. Date Signe | d | | | | | | |
| | □ IS / □ IS NOT physically fit to be employed at least 15 days old, □ WAS / □ WAS NOT ca | | | | | | |

DLSE- 277 (Rev. 03/19)

** All areas must state SATISFACTORY for issuance of permit **
** Any alterations or falsifications may void this application **

There is no fee. Page 1 of 2

How to Complete an Application for an Entertainment Work Permit (If student is meeting attendance & academic expectations, or has a contract regarding improvement has been agreed to by student, school, and parent/guardian)

| Check it! | Circle these! | Fill | & sign these! | L | (Or if stam) | | np it! p is inaccessible, letter like <u>this</u>) | |
|---|----------------------------|------|--|-------|---|------------|--|--|
| SCHOOL RECORD TO BE COMPLETED BY SCHOOL AUTHORITIES ONLY: Circle "SATISFACTORY" or "UNSATISFACTORY" for each category. | | | | | | | | |
| SATISFACTORY | tendance V UNSATISFACTORY | | s (G <mark>rades)</mark> Sa <mark>tisfactory</mark> | medic | <u>h –</u> Please indicate al approval to obta SFACTORY / NEE | in a permi | | |
| Meets the school district's requirements with respect to age, school record, attendance and health. Does not meet the district's requirements and permit should not be issued. | | | | | | | | |
| Authorized School Official, Signature and Title | | | Date Signed | | | • | | |
| х | | | | | | | | |
| School Address | | | School Phone Number | | [School Seal, St Letter on Sigr F | | Letterhead] | |