

# APPLICATION FOR WORK PERMIT

Date of application \_\_\_\_\_

Certificate/Permit number \_\_\_\_\_

Date issued \_\_\_\_\_

PDE-4565 (1/13)

## A. To be completed by the applicant

|               |                                                         |                              |
|---------------|---------------------------------------------------------|------------------------------|
| Name of minor | Sex _____<br>Color of hair _____<br>Color of eyes _____ | Signature of issuing officer |
|---------------|---------------------------------------------------------|------------------------------|

|                                |                                    |  |
|--------------------------------|------------------------------------|--|
| Any physical work restrictions | School district - name and address |  |
| Place of residence             | Place of birth                     |  |

|                      |     |      |                                                                                                                      |                                                                                                               |             |
|----------------------|-----|------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------|
| <b>Date of birth</b> |     |      | Evidence of age accepted and filed. Evidence shall be required in the order designated. Check the accepted evidence. |                                                                                                               |             |
| Month                | Day | Year | a. Transcript of birth certificate                                                                                   | b. Baptismal certificate or transcript                                                                        | c. Passport |
|                      |     |      | d. Other documentary evidence                                                                                        | e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the minor |             |

## B. To be completed by parent or guardian, unless minor is a high school graduate (please attach proof of graduation)

|                                                   |                                                         |
|---------------------------------------------------|---------------------------------------------------------|
| Signature of parent, guardian or legal custodian* | Name and address of parent, guardian or legal custodian |
|---------------------------------------------------|---------------------------------------------------------|

Commonwealth of Pennsylvania - Department of Education

\*In lieu of signature under clause (B), the applicant may execute a statement before a notary public or other person authorized to administer oaths attesting to the accuracy of the facts set forth in the application on a form prescribed by the department. The statement shall be attached to the application.