	APPLI	CATIO	N FOR WORK PE	RMIT	Date of application		
					Certificate/Permit number		
PDE-4565	5 (1/13)				Date issued		
A. To b	e comp	leted b	y issuing officer				
Name of			,	SexSigna		ignature of issuing officer	
				Color of hair		- Green Committee Committe	
				Color of eyes			
Any physical work restrictions					School distric	L ct - name and address	
					School distille	in maine and doutess	
Place of residence				Place of birth			
Date of birth Evidence of age accepted and filed. Evidence shall be required in the order designated. Cross out all but the one accepted and filed.							
						certificate or transcript c. Passport	
	d. Other doc			umentary evidence	e. Affidavit c	of parent or guardian accompanied by 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							
administ	ter oaths	s attestir		he facts set forth in the app		otary public or other person authorized to rm prescribed by the department. The	
APPLICATION FOR WORK PERMIT					Date of application		
					Certificate/Permit number		
PDE-4565 (1/13)					Date issued		
A. To be completed by issuing officer							
Name of		ieteu b	y issuing officer	Sex		Signature of issuing officer	
-					color of hair		
				Color of eyes			
Any physical work restrictions					School distric	ct - name and address	
Place of residence				Place of birth			
Date of birth Evidence of age accepted and filed. Evidence					be required in th	e order designated. Cross out all but the one accepted.	
Month	Month Day Year a. Transcript of birth certificate d. Other documentary evidence				b. Baptismal certificate or transcript e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the minor		
						ate (please attach proof of graduation)	
Signatur	e of par	ent, guai	dian or legal custodia	n* Name and a	ddress of paren	nt, guardian or legal custodian	
				ĺ			

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.