

APPLICATION FOR EMPLOYMENT CERTIFICATE OR TRANSFERABLE WORK PERMIT

PDE-4565 (10/91)

Date of Application _____

Certificate/Permit Number _____

Date Issued _____

A. To be completed by issuing officer

Name of Minor _____	Sex _____ Color of Hair _____ Color of Eyes _____	Signature of Issuing Officer _____
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Any Distinguishing Physical Characteristics: Place of Residence _____	School District - Name and Address _____
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">Date of Birth</th> </tr> <tr> <td style="width: 33%; padding: 2px;">Month</td> <td style="width: 33%; padding: 2px;">Day</td> <td style="width: 33%; padding: 2px;">Year</td> </tr> </table>	Date of Birth			Month	Day	Year	Evidence of age accepted and filed. Evidence shall be required in the order designated. Cross out all but the one accepted. 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
Date of Birth							
Month	Day	Year					

B. To be completed by parent, guardian or legal custodian in presence of issuing officer

I, the parent, guardian or legal custodian of the above-named minor, request the issuance of an employment certificate as indicated below:

Mark only one

- | | |
|--|--|
| <input type="checkbox"/> General Employment Certificate | <input type="checkbox"/> Transferable Work Permit (in lieu of General Employment Certificate) |
| <input type="checkbox"/> Vacation Employment Certificate | <input type="checkbox"/> Transferable Work Permit (in lieu of Vacation Employment Certificate) |

Signature of Parent, Guardian or Legal Custodian _____	Name and Address of Parent, Guardian or Legal Custodian _____
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