

Utah Labor Commission
Wage Claim Unit
160 East 300 South, 3rd Floor
PO Box 146630
Salt Lake City, UT 84114-6630

Phone: 801-530-6801
Fax: 801-530-7609
Email: wcu@utah.gov



**Application for Authorization
To Employ a Minor**

2-12

The following information must be provided in full for each employee sought to be covered by the application. Applications must be submitted no later than five days prior to the date that employment commences.

Full Name of Employee (Include Middle Name):	
Employee's Date of Birth (mm/dd/yyyy):	
Employee's Address:	
Employee's Phone Number:	Employee's Cell Number:
Name and Phone Number of School Attended by Employee:	

Full Name of Parent or Guardian of Employee:	
Address of Parent/Guardian If Different From Employee:	
Parent's/Guardian's Phone Number, If Different From Employee:	Parent's/Guardian's Cell Number, If Different From Employee:

Name of Employee's Agent:	
Address of Employee's Agent:	
Phone Number of Employee's Agent:	Cell Number of Employee's Agent:

Name of Employer:
Address of Employer:
Telephone Number of Employer:

Address or Location Where Work is to be Performed:
Dates of Employment:

If employee is to be employed in a film or theatrical performance, describe the subject matter of the film or theatrical performance:

If employee is to be employed in some other industry, describe the type of business:

Describe the specific duties of the employee:

If employee is to be employed in a film or theatrical performance, will there be any traumatic scenes involving the employee?

Yes ____ No ____

If yes, explain:

Will the employment take place between 9:30 p.m. and 5:00 a.m.? Yes ____ No ____

If yes, explain:

Will the employee be out of school for more than one day during the school year because of the employment?

Yes ____ No ____

If yes, please detail what provisions have been made to comply with the educational requirements applicable to the employee:

State who will be responsible for the employee while employee is working:

State the provisions being made for meals and rest periods while the employee is working:

State the name of the worker's compensation carrier covering the employee:

State who is responsible for transportation to and from the site of employment:

Will the employee be near or around any potentially dangerous equipment, or involved in any potentially hazardous activities during the employment? Yes ____ No ____

If yes, explain:

Describe the specific equipment or machinery the employee would be allowed to operate or repair:

State any additional precautions being taken to insure the safety and well-being of the employee during the employment:

Signature of Parent/Guardian

Date

Signature of Employer

Date

For Division Use Only:

Approved

Signature of Division Director

Date

Disapproved

Signature of Division Director

Date

Conditions, if any:

If approved, the Division grants permission to the Employer to employ the minor Employee at the times and locations, and under the conditions represented in this application. It is understood that the employment of the above-named minor will be in compliance with all other requirements and provisions of Utah Labor Laws.

This is a State variance only. Federal child labor provisions are not affected by this document.