P.O. Box 449 Jefferson City, MO 65102-0449 Phone: 573-751-3403

Fax: 573-751-3721

Email: <u>laborstandards@labor.mo.gov</u>
Website: <u>www.labor.mo.gov/youth-employment</u>

## Section A: Employee-Parent/Legal Guardian Information Youth Name Home Address (City, State, ZIP Code) Date of Birth NOTE: Please attach a copy of child's birth certificate Youth Age (or other form of proof of age). Parent/Legal Guardian Name Parent/Legal Guardian Address (City, State, ZIP Code) Parent/Legal Guardian Email Address Phone Number Alternate Number I request that the hour limitations outlined in Section 294.030 RSMo of the Child Labor law be waived. Parent/Legal Guardian Signature Date of Request Section B: Employer/Agency Information Anticipated type of work to be performed (i.e. Modeling/Acting) Use the space below and provide a copy to the Division of Labor Standards identifying any person, employer, firm or corporation for which your child performs for during the term of this certificate. In addition, a copy of this certification should be provided to and kept on file by each employer. Please forward copy(ies) of permit to: Parent Employer X Talent Agency City, State, ZIP Code Employer Street Address Fax Number/Email Address City, State, ZIP Code Talent Agency Street Address Fax Number/Email Address (314) 993-2303 Images Agency Models & Actors 10311 Watson Road St. Louis, MO 63127 Pat@ImagesAgency.com Section C: Issue/Expiration Date (office use only) This permit is effective to Should your child continue participating in the entertainment industry before reaching the age of sixteen, you should resubmit a request on or before the expiration date of this written certification in order that it may be reissued. Division Director Date