

Application for Federal Certificate of Age

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



IMPORTANT: Complete this form carefully. Print or write plainly. No Federal Certificate of Age may be issued unless completed application form has been received and without appropriate documentary proof of age. (29 C.F.R. 570). (See instructions on reverse side.) Note: Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

OMB No. 1215-0083
Expires: 12-31-2008

1. Name (First, middle, last)		2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
3. Present address, (Number, street, P.O. Box No., City or Town, County, State, Zip Code)			
4. Place of birth (City, County, State)		5. Date of birth (Month, day, year)	
6. Father's full name		9. Check type of proof of age ATTACHED to this application (See instructions on reverse side.) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Other (Identify) <input type="checkbox"/> Life insurance Policy	
7. Mother's full name (include maiden name, if any.)			
8. Name as shown on any previous age certificate			
10. If for any reason, other than marriage, your last name as shown on this application is not the same as that shown on the documentary proof of date of birth attached to this application, please indicate when your name was changed and where this change is recorded (i.e. court records, school records, etc.)		11. Signature of minor submitting application _____	

INTENTION TO EMPLOY PORTION

TO BE COMPLETED BY EMPLOYER IF: Applicant is under 18 years of age and to be employed in industry, or under 16 years of age and to be employed In Agriculture.

12. Specific occupation of minor to be employed		13. Industry (Such as retail, wholesale, manufacturing, agriculture)	
14. Name of employer (Company)			
15. Business address of employer (Number, Street, City, State, Zip Code)		16. Daily and weekly hours minor is to be employed (If minor is under 16 years of age)	

The undersigned intends to employ the above named minor immediately upon receipt of a certificate showing that such minor is above the oppressive child-labor age for the occupation specified above, as defined by the Fair Labor Standards Act of 1938, as amended, and subsequent regulations.

Signature of employer or authorized representative

Date

INSTRUCTIONS

A Federal Certificate of Age cannot be issued without appropriate documentary proof of age. The proof of age that you submit will be returned to you.

1. Attach your birth certificate to this form.

If you do not have a birth certificate you may:

- a. Obtain one from the Bureau of Vital Statistics in the State where you were born,
 - b. Or (if unable to obtain a birth certificate) attach a copy of an official document which shows your full name, date (month/day/year) and place of birth, and parents' names, such as,
 - A baptismal certificate,
 - A bonafide contemporary record of births in the Family Bible,
 - A life insurance policy at least one year old,
 - A passport, or certificate of arrival in the U.S. at least one year old,
 - A school record of age with sworn parental statement and physician's certificate of physical age.
2. Return the completed form with the documentary proof of age to the address shown at the top of this form.

If the information that you give is complete, the documentary proof of age is satisfactory and the job you are to do is permissible for a person of your age, the certificate will be issued and given to the employer except for those minors who are employed in agriculture or are 18 years of age or older when the certificate may be given to the minor.

Public Burden Statement

We estimate that it will take an average of 10 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administrator, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210. **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE**
