Maryland
DEPARTMENT OF LABOR

APPLICATION FOR
SPECIAL WORK PERMIT

Maryland Division of Labor and Industry

Minor's First Name: _____ Minor's Last Name: _____

Parent/Guardian Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone: _____ Date of Birth: _____

School Name: _____

Employer Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone: _____

Fully describe work duties, dates of employment and hours: _____

_____

_____

_____

Select Type of Activity
- ☐ Musical Performance
- ☐ Stage Performance
- ☐ Talent Performance
- ☐ Film Production
- ☐ Modeling/Demonstration
- ☐ Educational Services
- ☐ Other Services. Please describe:

I agree to employ the above named minor under the conditions listed above.

Employer Signature: _____

Sworn and subscribed to me this _____ day of _____, _____.

Notary Public: _____   _____
                    Signature   Name (print)

NOTARY PUBLIC

Authorization from Parent/Guardian

As the parent/guardian of the above named minor, I recognize they are being employed at the place of work described above with my full knowledge and consent. I hereby certify that, to the best of my knowledge, the information herein is correct and true. I request issuance of a Special Work Permit to the above named minor.

Parent/Guardian Signature: _____

Sworn and subscribed to me this _____ day of _____, _____.

Notary Public: _____   _____
                    Signature   Name (print)

NOTARY PUBLIC

Permit not valid unless signed and officiated by the Commissioner of Labor and Industry or authorized agent.

_____   _____   _____
      Signature   Title   Date

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