STATE OF MARYLAND
DLLR
DEPARTMENT OF LABOR, LICENSING AND REGULATION

APPLICATION FOR SPECIAL WORK PERMIT

DLLR
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: _____

Instructions for Completion:

1. *Complete all sections of this application.*
2. *Type or print - make sure information is legible.*
3. *Use legal name for minor, parent and employer.*
4. *Have authorization signatures notarized.*
5. *Have proof of age documents ready to submit.*
6. *Fax completed package to (410) 333-7303 or email to: dldliemploymentstandards-dllr@maryland.gov*

Employer Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone: _____

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

_____

_____

. Complete your section of this application and return to the parent/guardian.
. Do not allow minor to work until the official work permit is in your possession.
. Work permits are not transferable and are required until the minor's 18th birthday.

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)

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)

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

_____ _____ _____
Signature Title Date

Department of Labor, Licensing and Regulation
Division of Labor and Industry
Employment Standards Service
1100 North Eutaw Street, Room 607
Baltimore, MD 21201
Telephone Number: (410) 767-2357 • Fax Number: (410) 333-7303
E-mail: dldliemploymentstandards-dllr@maryland.gov

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