

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CHILD LABOR PROGRAM**

Phone: 800.226.2536 or 850.488.3131 (press option 1 for Child Labor)

APPLICATION FOR WAIVER OF FLORIDA CHILD LABOR LAW

(THIS WAIVER IS FOR MINORS WHO ARE **NOT** ENROLLED IN PUBLIC SCHOOLS **INCLUDING** FLORIDA VIRTUAL SCHOOLS)

Please type or write legibly; do not abbreviate (except State)

<p>Applicant is: (Check One)</p> <p><input type="checkbox"/> Minor <input type="checkbox"/> Employer (Contact Child Labor for an employer specific waiver.)</p>	<p>Applicant's Name: _____</p> <p>Email: _____</p>
<p>Minor's Birth Date (Mo/Day/Year): ____/____/____</p> <p>Minor's Age: _____</p> <p>Minor's Social Security #: _____ - _____ - _____</p>	<p>Address: _____</p> <p>City: _____ State: ____ Zip: _____</p> <p>County: _____</p> <p>Home Telephone: ()</p>
<p>Public School Minor Attends If Applicable: Address: _____</p> <p>Telephone: ()</p>	<p>Alternative Education Program Minor Attends: Address: _____</p> <p>Telephone: ()</p>

A partial waiver is requested that would allow:

14-15 yr. olds

- Work up to 18 hours a week (only)
-No additional waiver granted for this age group

16-17 yr. olds

- Work more than 30 hours a week (while school is in session)
- Work past 11:00 p.m. on days preceding school days
- Work during regular school hours
- Work up to _____ hours without a break (case by case exemption)
- Work in a hazardous occupation (certified **OR** enrolled in an approved state or federal student-learning/apprentice program)
- Other. Be specific

A waiver is requested because of: (You may check all applicable boxes; documentation must be provided for any box checked/circled). **SEE SECOND PAGE FOR EXPLANATION OF APPROPRIATE SUPPORTING DOCUMENTATION TO BE SUBMITTED WITH WAIVER APPLICATION.**

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|---|--|---|
| <input type="checkbox"/> PRIVATE SCHOOL | <input type="checkbox"/> ADULT ED & GED PREP CLASSES | <input type="checkbox"/> OTHER HARDSHIP |
| <input type="checkbox"/> FINANCIAL HARDSHIP | <input type="checkbox"/> MEDICAL HARDSHIP | <input type="checkbox"/> COURT ORDER |
| <input type="checkbox"/> HOME-SCHOOL | <input type="checkbox"/> EXPELLED | |

The undersigned certifies that the information presented is true and correct to the best of their knowledge.

Signature of Applicant

Date

Send application and supporting documents to:
 2601 Blair Stone Road, Tallahassee, FL 32399-2212,
 FAX: 850.487.4928, OR
 EMAIL: Childlaborwaivers@myfloridalicense.com
 OR apply online at:
<http://www.myfloridalicense.com/dbpr/reg/childlabor/index.html>
Please do not send original documents with application

**APPLICATION WILL NOT BE ACCEPTED UNLESS PROOF OF AGE AND DOCUMENTATION FOR BOX CHECKED IS ATTACHED
SUPPORTING DOCUMENTATION REQUIRED FOR
PARTIAL WAIVER OF THE FLORIDA CHILD LABOR LAW**

SPECIAL NOTE: THIS WAIVER IS FOR MINORS WHO ARE NOT ENROLLED IN PUBLIC SCHOOL (K-12). IF THE MINOR IS ATTENDING REGULAR PUBLIC SCHOOL, A WAIVER MUST BE OBTAINED THROUGH THE SCHOOL SUPERINTENDENT OR DESIGNEE.

IF YOU APPLY:

BASED ON NON-PUBLIC SCHOOL STATUS THE FOLLOWING DOCUMENTATION IS REQUIRED

FOR PRIVATE SCHOOL	FOR HOME-SCHOOL	FOR ADULT ED. & GED PREP CLASSES	IF EXPELLED
1. A letter on school letterhead from the private school stating: (a) <i>Enrollment,</i> (b) <i>attendance and,</i> (c) <i>working additional hours will not jeopardize school progress.</i> 2. Proof of age.	1. Letter from public school system stating: (a) <i>Withdrawal from public school,</i> OR (b) <i>the acknowledgement from school district of your intent to establish a home school program.</i> 2. A NOTARIZED statement from parent or guardian as to which day/hours the minor receives home school instruction. 3. Proof of age	1. A letter from the public school system stating: (a) <i>withdrawal from public school,</i> OR; (b) <i>authorization to obtain education through alternative means.</i> 2. A letter on official letterhead from an adult education school that states the minor is (a) <i>enrolled,</i> (b) <i>attending, and</i> (c) <i>hours of attendance.</i> 3. Proof of age	1. A copy of expulsion letter or other document from the school that explains the time period of the expulsion. (Partial waivers will be issued for the same time period of expulsion) 2. Proof of age.

IF YOU APPLY:

BASED ON HARDSHIP, THE FOLLOWING DOCUMENTATION IS REQUIRED

FOR FINANCIAL HARDSHIP	FOR MEDICAL HARDSHIP	FOR "OTHER" HARDSHIP
1. A NOTARIZED statement from an adult family member or adult friend EXPLAINING the financial hardship, OR proof of current receipt of public assistance. 2. Proof of withdrawal form from public school 3. Proof of age.	1. A letter on letterhead from a doctor, pastor, school counselor, etc., EXPLAINING the circumstances or situation, OR A NOTARIZED statement from an adult EXPLAINING the circumstances or situation. 2. Proof of withdrawal from public school. 3. Proof of age.	1. A letter on letterhead from a doctor, pastor, school counselor, etc., EXPLAINING the circumstances or situation, OR a NOTARIZED statement from an adult explaining the circumstances or situation. 2. Proof of withdrawal from public school. 3. Proof of age.

IF YOU APPLY

BASED ON A COURT ORDER OR CONDITION OF PROBATION THE FOLLOWING DOCUMENTATION IS REQUIRED

1. A copy of the court order that states the minor must work full time and/or pay restitution and proof of age OR
2. A letter on official letterhead from the probation officer stating the minor must work full time and proof of age.

PROOF OF AGE IS REQUIRED WITH ALL WAIVER APPLICATIONS

(A copy of a birth certificate, driver's license, age certificate, Florida identification or passport will be sufficient. Proof of age is required in addition to the documentation mentioned above for the status under which you apply.)