



IL DEPARTMENT OF LABOR

Fair Labor Standards Division
 Compliance Processing Section
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 Chicago, IL 60601-3150
 Tel#312-793-2804
Dol.childlaborlaw@illinois.gov

**APPLICATION AND CERTIFICATE FOR A SECTION 8.1 (B) WORK HOURS WAIVER
 Child Labor Law 820 ILCS 205/1-22**

For Office Use Only:

File # _____

Date Received: _____

INSTRUCTIONS: YOU MUST ATTACH A COPY OF MINOR'S VALID ILLINOIS EMPLOYMENT CERTIFICATE. FORM IS DUE TO THE DEPARTMENT NO LATER THAN NOON FOR ANY HOURS REQUESTED BETWEEN 7-9PM ON THAT DAY AND 7AM ON THE FOLLOWING CALENDAR DAY (Section 250.305 Title 56. Ch1 (b))

Name of Minor:			
Street Address:			
City:		State:	Zip Code:
Minor's Birthdate:	Male <input type="checkbox"/>	Specific Date for Work Waiver:	
	Female <input type="checkbox"/>		
Specific Hours for Work Waiver:	from	AM PM	to AM PM
Name of Employer:			
Name of Production:			
Employer Representative Supervising Minor During Work Hours Requested By Waiver			
Name:	Telephone # 1:	Telephone # 2:	
Production Nature (check one):	Exact Place(s) and Address(es) Where Minor Will Work During Hours Covered by This Waiver:		
<input type="checkbox"/> Television			
<input type="checkbox"/> Motion Picture	Specific Description of Minor's Performance and Physical Environment (Including description of plot for TV and motion picture and essential lyrics for commercial and video):		
<input type="checkbox"/> Commercial			
<input type="checkbox"/> Video			

I hereby certify that the foregoing, including attachments, are true and correct to the best of my knowledge and belief. I understand that if I am granted a waiver, this will not extend the total number of hours the minor may work in a twenty-four (24) hour period of any other requirement as provided by the Child Labor Law and the regulations promulgated hereunder.

_____ Parent or Guardian Signature	_____ Date	_____ Employer Representative Signature	_____ Date
_____ Union Representative Signature		_____ Employer Representative Address	
_____ Union Representative Address		_____ Employer Representative City, State, Zipcode	
_____ Union Representative City, State, Zipcode		_____ Employer Representative Telephone # and E-mail	

DO NOT WRITE BELOW THIS LINE - DEPARTMENT OF LABOR USE ONLY

This certifies that I, the undersigned, and authorized representative of the Director of Labor, have investigated the statements made above and am satisfied that the health, welfare and education of the minor whose name appears above will not be jeopardized by such work. Pursuant to Section 8.1(b) of the Child Labor Law, I hereby issue the employer whose name appears above a waiver to employ said minor for the work hours, under the conditions specified above.

_____ Signature of Department of Labor Employee & Title:	_____ Date:
_____ 2 nd Signature of Department of Labor Employee & Title:	_____ Date: