Return completed form to: DIR/DLSE – Minors Permit P.O. Box 420603 San Francisco, CA 94142

## APPLICATION FOR EXTENSION OF MINOR'S WORK HOURS IN AGRICULTURAL PACKING PLANTS

Please complete the information requested below	and return the orig	inal form and one (1) copy	y to the above address.
Requester's name: Indiv			
Indiv	ridual/Firm name		
Address:			
	Street		
	- CI		, CA Zip Code
Request that minors <b>16 and/or 17</b> years of age car of this request:  • Number of employees for whom exemption	_		ide the following information in suppo
	_		_
• Dates for which extension is requested:	From:	(mm/dd/yyyyy)	To:
			(IIIII/dd/yyyy
Describe the work activities the minors will b	e expected to perfo	orm:	
Explain how the work to be performed will no	ot materially affect	the welfare or safety of the	ne minor
Explain now the work to be performed will be	of materially affect	the wentare of safety of th	ic minor.
Explain how the exemption, if not approved,	will work an undu	e hardship on business:	
I (We) certify to the following:			
That the dates requested for the extension	ion of minors' wor	k hours occur exclusively	during the peak hours season for the
	crop(s);		
<ul> <li>That minors work duties during the ext aforementioned crop(s);</li> </ul>	tended work hours	shall be limited to work u	pon or directly related to
<ul><li>That minors shall only work the extend</li></ul>	led hours on days y	when school for the minor	s' school district is not in session: and
That all information contained in this a			
statements contained herein are ground	ls for the immediat	e revocation of the extens	ion and will subject all responsible
parties to all civil and criminal penaltie		violation of child labor la	ws that would result if no extension ha
been granted by the Labor Commission	ner.		
Dated:			
		Requester Name (prin	ted) and Title or Position
		Signature of Requester	r

## POST IN CONSPICUOUS PLACE

(Remove When Permit for Exemption is Received)