

APPLICATION FOR WORK PERMIT


Date of application _____

Certificate/Permit number _____

Date issued _____

PDE-4565 (1/13)

A. To be completed by the applicant

Name of minor		Sex _____	Signature of issuing officer		
		Color of hair _____			
		Color of eyes _____			
Any physical work restrictions			School district - name and address Columbia-Montour AVTS 5050 Sweppenheiser Drive Bloomsburg, PA 17815		
Place of residence		Place of birth			
Date of birth		Evidence of age accepted and filed. Evidence shall be required in the order designated. Check the accepted evidence.			
Month	Day				Year
			<input type="checkbox"/> a. Transcript of birth certificate <input type="checkbox"/> b. Baptismal certificate or transcript <input type="checkbox"/> c. Passport <input type="checkbox"/> d. Other documentary evidence <input type="checkbox"/> e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the minor		
B. To be completed by parent or guardian, unless minor is a high school graduate (please attach proof of graduation)					
Signature of parent, guardian or legal custodian*			Name and address of parent, guardian or legal custodian		

Commonwealth of Pennsylvania - Department of Education

*In lieu of signature under clause (B), the applicant may execute a statement before a notary public or other person authorized to administer oaths attesting to the accuracy of the facts set forth in the application on a form prescribed by the department. The statement shall be attached to the application.