



New Jersey Department of Labor &
Workforce Development
Division of Wage and Hour Compliance
School to Career / Child Labor Unit

P.O. Box 389
Trenton, NJ 08625-0389
Tel: 609-292-8228
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THEATRICAL PRODUCTION

Production Application (To be completed by Production Company)

N.J.S.A.34:2-21.57et seq. – Theatrical Production means and includes stage, motion picture, and television performances and rehearsals. Employers are required to attain a Theatrical Permit for all minors under 16 years old and a working paper for all minors from age 16-18years.

Production Nature (check one):

- | | |
|--|--|
| <input type="checkbox"/> Theatrical | <input type="checkbox"/> Television / Series |
| <input type="checkbox"/> Motion Picture | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Community Production | <input type="checkbox"/> Game Show |
| <input type="checkbox"/> School-Sponsored Internship | |

Please attach script portions that pertain to minor's performance:

(Name of Production)

(Name of Production Company/Employer)

(Producer's Name)

(Director's Name)

EMPLOYER

Production Co. Address	
City, State, Zip	
Telephone	
E-mail	
Fax	
Contact Person/Title	

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(Dates of Performance in New Jersey. Include Production Schedule.)

LOCATION

Site of Performance	
Address	
City, State, Zip	

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(Date & Time of Performance)

***If more than one site please list separately**

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(Names of Key Performers)

List minors name, address, phone number and birth date.

(Complete Theatrical Permit for all minors in performance)

ATTACH COPIES OF THE FOLLWING:

- Birth Certificate or Proof of Age
- Physician's Certificate
- Visual Acuity Test, if minor is under 18 years old
- Alien Registration Card or P1 certificate
- Letter from parent or guardian granting permission to perform and listing guardian who will accompany minor on production site
- Name of School Tutor, if work is performed when school attendance is required.
- Description of work each minor will perform and describe any hazards in proximity to minor's performance.

MOTION PICTURE and TELEVISION and COMMERCIALS:

List total daily hours of each minor performance in front of camera:

- Total hours of rest, education, meals _____
- Total hours of work anticipated _____
- Expected daily start time _____
- Expected daily stop time _____

List total amount of days minors are expected to perform in one week.

Is performance continuous for more than one week?

Is there use of any explosives, pyrotechnics or sparklers in performance and if so please provide copy of permit for explosives? Yes

Where is the minor during this time?

If the production is related to the film industry, what is the potential rating for this film? _____

Will all minors be paid for their performance ____ Yes ____ No

Does employment involve a type of prohibited performance as described in N.J.S.A. 34:2-21.63a ____ Yes ____ No

**** Include any additional information to detail the work that the minor will perform.**

Stage Performance:

List total daily hours of each minor's performance:

- Total Hours of non-work time or combination of all non-work time
Total hours of Rest _____
- Total hours of Education _____
- Total hours of Meal Break _____
- Total hours of work day _____
- Expected daily start time _____
- Expected daily stop time _____

List total number of days minors are expected to perform in one week.

List number of weeks minor will be performing.

List the dates, number of shows per day, and time of performance:

<u>Days & Dates</u>	<u>Number of Performance</u>	<u>Time of Performance</u>
Monday, _____	_____	_____
Tuesday, _____	_____	_____
Wednesday, _____	_____	_____
Thursday, _____	_____	_____
Friday, _____	_____	_____
Saturday, _____	_____	_____
Sunday, _____	_____	_____

Will all minors be paid for their performance? Yes No

I have read all laws and regulations pertaining to the Theatrical Industry as listed under The New Jersey Child Labor Law, N.J.S.A.34:2-21.57 through N.J.S.A.34:2-21.64, inclusive, and agree to abide by all laws and regulations as stated.

Name (Print)

Signature

Title

Date

SPECIAL SCHOOL PROGRAM (IF APPLICABLE) S.T.C. or C.E.

NEW JERSEY DEPARTMENT OF EDUCATION/A310 COMBINED CERTIFICATION FORM

(FOR AGRICULTURE, NEWSPAPER CARRIER, STREET TRADES OR THEATRICAL EMPLOYMENT)

A. PERSONAL INFORMATION

NAME OF MINOR Joanna Doe
ADDRESS-STREET 123 Main St. Apt. 2H CITY Newark STATE NJ ZIP CODE 07109
DATE OF BIRTH 2/3/96 AGE 11 SOCIAL SECURITY # 234-56-9700
PLACE OF BIRTH-CITY Newark COUNTY Essex STATE/COUNTRY NJ/USA
DESCRIPTION OF MINOR-SEX F HEIGHT 5' WEIGHT 145 HAIR COLOR Brn. EYE COLOR Brn.
SCHOOL ATTENDED Our Lady of Good Counsel ADDRESS 254 Summer Ave. Newark, NJ 07109
NAME OF PARENT/GUARDIAN Mary Doe
ADDRESS OF PARENT/GUARDIAN Same as above
I HEREBY SUBMIT AN APPLICATION FOR THE EMPLOYMENT OF MY CHILD AS SPECIFIED BELOW.
SIGNATURE OF PARENT/GUARDIAN _____

B. EMPLOYMENT INFORMATION

(CHECK ONE)

____ FOR **AGRICULTURE** (AGE 12-15) TO WORK OUTSIDE SCHOOL HOURS AND DURING VACATION.
NUMBER OF HOURS MINOR WILL WORK _____ WAGES _____
MINOR'S JOB TITLE (BE SPECIFIC) _____
____ FOR **STREET TRADES** (AGE 14 & 15) TO WORK OUTSIDE SCHOOL HOURS AND DURING VACATION.
____ FOR **NEWSPAPER CARRIERS** (AGE 11-15) TO WORK OUTSIDE SCHOOL HOURS AND DURING VACATION ON
RESIDENTIAL ROUTES ONLY.
NUMBER OF HOURS MINOR WILL WORK _____ WAGES _____
MINOR'S JOB TITLE (BE SPECIFIC) _____
____ FOR **NEWSPAPER CARRIER PERMIT-NEW JERSEY PUBLISHERS** _____ (AGE 11-17)
(PUBLISHER ALSO COMPLETES SECTION C BELOW)

PHYSICIAN'S CERTIFICATE OBTAINED? YES _____ NO _____ (Parent or Guardian Initial)
IF LIMITED, SPECIFY _____

TRADE NAME _____
*EMPLOYER'S ADDRESS _____
EMPLOYER NAME (PLEASE PRINT) _____

SIGNATURE OF PUBLISHER'S AUTHORIZED REPRESENTATIVE _____

X FOR **THEATRICAL** (MINORS UNDER 16 YEARS OF AGE)
HOURS MINOR WILL WORK 8 WAGES 2,500.00
LOCATION OF EMPLOYMENT Branch Brook Park, Belleville, NJ
MINOR'S JOB TITLE (BE SPECIFIC) Little Red Riding Hood
(ABOVE PER APPLICATION OF EMPLOYER)
THEATRICAL EMPLOYER TRADE NAME (PRODUCTION COMPANY)
Disney Production Company
ADDRESS 23 Walt Disney Drive, Orlando FL. 97885 PHONE # 867-465-2356
NAME OF SUPERVISING ADULT Mary Doe
PHYSICIAN'S CERTIFICATE OBTAINED? YES X NO _____ (Parent or Guardian Initial)

C. PROOF OF AGE-TO BE COMPLETED BY ISSUING OFFICER (OR NEWSPAPER PUBLISHER)

I HAVE EXAMINED THE PROOF OF AGE SUBMITTED BY THE ABOVE NAMED MINOR, WHICH WAS IN THE FORM OF:
(CIRCLE ONE):

a. BIRTH CERTIFICATE b. BAPTISMAL CERTIFICATE c. PASSPORT d. OTHER DOCUMENTARY PROOF IN EXISTENCE FOR AT
LEAST ONE YEAR (SPECIFY) _____ e. AFFIDAVIT OF PARENT OR GUARDIAN TOGETHER WITH (1)
PHYSICIANS STATEMENT OF OPINION AS TO AGE OF MINOR, AND (2) SCHOOL RECORD OF AGE AND THE ABOVE DATE OF BIRTH.

SIGNATURE _____
(Issuing Officer or Publisher's Authorized Representative)

D. ISSUING OFFICER CERTIFICATION

SCHOOL DISTRICT _____ COUNTY _____
SCHOOL DISTRICT ADDRESS _____
SIGNATURE OF ISSUING OFFICER _____ DATE OF ISSUE _____
SIGNATURE OF MINOR _____
AGRICULTURE: VALID DATES FROM _____ TO _____ (FOR 6 MONTH PERIOD)
THEATRICAL: VALID DATES FROM _____ TO _____ (FOR 3 MONTH PERIOD)
IF PERMIT PREVIOUSLY ISSUED, INDICATE DATE _____
(NOT NEEDED FOR NEWSPAPER CARRIER)