



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DIVISION OF LABOR STANDARDS
**ENTERTAINMENT WORK PERMIT –
 FOR YOUTH UNDER 16 YEARS OF AGE**

P.O. Box 449
 Jefferson City, MO 65102-0449
 Phone: 573-751-3403
 Fax: 573-751-3721

Email: laborstandards@labor.mo.gov
 Website: www.labor.mo.gov/youth-employment

Section A: Employee-Parent/Legal Guardian Information	
Youth Name _____	
Home Address (City, State, ZIP Code) _____	
Date of Birth _____	NOTE: Please attach a copy of child's birth certificate (or other form of proof of age).
Youth Age _____	
Parent/Legal Guardian Name _____	
Parent/Legal Guardian Address (City, State, ZIP Code) _____	
Parent/Legal Guardian Email Address _____	
Phone Number _____	Alternate Number _____
I request that the hour limitations outlined in Section 294.030 RSMo of the Child Labor law be waived. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Legal Guardian Signature _____	Date of Request _____

Section B: Employer/Agency Information			
Anticipated type of work to be performed (i.e. Modeling/Acting) _____			
Use the space below and provide a copy to the Division of Labor Standards identifying any person, employer, firm or corporation for which your child performs for during the term of this certificate. In addition, a copy of this certification should be provided to and kept on file by each employer.			
Please forward copy(ies) of permit to: <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Talent Agency			
Employer	Street Address	City, State, ZIP Code	Fax Number/Email Address
Talent Agency	Street Address	City, State, ZIP Code	Fax Number/Email Address
Images Agency Models & Actors	711 Old Frontenac Square	St. Louis, MO 63131	(314) 993-2303 pat@imagesagency.com

Section C: Issue/Expiration Date (office use only)	
This permit is effective _____ to _____.	
Should your child continue participating in the entertainment industry before reaching the age of sixteen, you should resubmit a request on or before the expiration date of this written certification in order that it may be reissued.	
Division Director _____	Date _____