



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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Parent/Legal Guardian Signature _____ Date of Request _____	

Section B: Employer/Agency Information

Anticipated type of work to be performed (<i>i.e. Modeling/Acting</i>) Modeling and 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 Images Agency Models & Actors	Street Address 711 Old Frontenac Square	City, State, ZIP Code St. Louis, MO 63131	Fax Number/Email Address (314) 993-2303 info@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 _____

*Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.
TDD/TTY: 800-735-2966 Relay Missouri: 711*