APPLICATION FOR WORK PERMIT

Date of application _____

Certificate/Permit number _____

PDE-4565 (1/13)

Date issued _____

A. To be completed by the applicant

Name of minor	Sex_____ Color of hair _____ Color of eyes _____	Signature of issuing officer
Any physical work restrictions		School district - name and address Mercer Area School District 545 West Butler Street Mercer, PA 16137
Place of residence	Place of birth	

Date of birth		
Month	Day	Year

Evidence of age accepted and filed. Evidence shall be required in the order designated. Check the accepted evidence.

☐ a. Transcript of birth certificate ☐ b. Baptismal certificate or transcript ☐ c. Passport

☐ d. Other documentary evidence ☐ 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

*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.