STATE OF MARYLAND 1100 N EUTAW STREET - BALTIMORE - MARYLAND - 21201 **DIVISION OF LABOR & INDUSTRY DEPARTMENT OF LABOR, LICENSING & REGULATION**

APPLICATION FOR WORK PERMIT FOR A MINOR

Directions For The Minor

		<u> </u>		
First Name:		1. Complete your section of this app Type or print and make sure it is		
Last Name:		Use your correct legal name.	· ·	
Street Address: _		2. Have your Employer complete the 3. Have your parent or guardian sign 4. Here this data to complete the series	n this application.	
City :		4. Use this data to complete the on- www.dllr.state.md.us/labor/en		
County:		For Proof of Age - You r		
State:		Birth Certificate School Records	3	
Zip Code:		Valid Maryland Driver's Any official Government		
Home Telephone:	·	5. Take this Application, the online A	Application Receipt and	
Date Of Birth: Month: Day: Year:		your Proof of Age to any Issuing		
School Name:		Deliver the official Work Permit to	your employer.	
		* A new permit must be obtained	d for each job *	
Directions	s for the Employer	Complete your section of this application and return it to the min 2. Do not allow minor to work until the official work permit is in you 3. Work permits are not transferable and are required until the m	ur possession.	
Company Name:	Hunting Hills Swim Club	√ Select - Type of Bus		
Street Address:	300 Nottingham	Accommodation & Foc Administrative & Wast	od Services	
City:	Baltimore Agriculture, Forestry, Fishing & Hunting Arts. Entertainment & Recreation		Fishing & Hunting	
County:	City	Construction Educational Services	Recreation	
State:	Maryland	Finance & Insurance	Naciatanaa	
Zip Code:	21229	Health Care & Social A		
Telephone:	410-566-3087	Management of Comp Manufacturing	anies & Enterprises	
Telephone Extens	sion: N/A	MiningOther Services except		
Employer Rep Na	ime:	Professional & Technic Public Administration		
Employer Rep Sig	gnature:	Real Estate & RentingRetail Trade	-	
Work Duties:	Lifeguard (includes swim lessons		Utilities	
This m	inor is being employed at the place of w	Iardian Please sign and date the knowledge and consent statem work described above with my full knowledge and consent. I hereby cers correct and true. I request that a work permit be issued for the above	tify that, to the	
Signature of Pare	nt or Guardian	Date	Date	
	s for the Issuing Office			
I hereby	y certify that, to the best of my knowledg	ge, the information herein is correct and true.		
			Control Number	
Signature of Mir	nor	Date		
				
	ot accept an incomplete application. Division of Labor and Industry requires y	you retain this application in your file for 2 years from date of issue.	Date of Issue	