

New Mexico Department of Workforce Solutions
Labor Relations Division
Labor and Industrial Bureau
Child Labor Section
1596 Pacheco Street
Santa Fe, New Mexico 87505
505-827-6827
505-827-6875 Fax

PRE-AUTHORIZATION CERTIFICATE
~ ~ Minor Extras ~ ~

PROJECT NAME: _____
(Movie/commercial/play/etc.)

Length of project: _____

Employer Name: _____

Employer New Mexico address: _____

Other address (out of state) : _____

List 3 contact people with contact information

1.Name _____

Address _____

Contact telephone numbers _____

2.Name _____

Address _____

Contact telephone numbers _____

3.Name _____

Address _____

Contact telephone numbers _____

TEACHER CERTIFICATION *if necessary*

I _____, agent of _____ herby certify that a certified teacher is certified and I have attached a copy of the licensing credentials. *All child performers' ages six to 18 years must be provided with a teacher for each group of 10 or fewer when school is in session.*

CERTIFIED TRAINER/TECHNICIAN *if necessary*

I _____, agent of _____ herby certify that I will employ a certified technician or trainer to be present of the child performer during all times when the child may be exposed to potentially hazardous conditions. I have attached a copy of the licensing credentials. I understand that failing to comply will adversely affect the issuance or ability to obtain a pre-authorization certificate in the future and may lead to withdrawal of a current pre-authorization certificate.

**Pre-Authorization Certificate for
~~MINOR EXTRA~~**

PROJECT NAME -- dates on this project

TRUST FUND ACCOUNT

Will this child earn \$1000.00 or more for this project? _____ YES _____ NO
If YES, do not complete this form. You must complete the *Child Performer Pre-Authorization Certificate*.

CHILD INFORMATION

Name of the child : _____ male/female

Address: _____

Date of Birth: _____ Age: _____ proof of age must be provided.

(If the child performer is under 6 months of age a doctor's approval is required.)

Where is the child registered to attend school: _____

Grade level of the child: _____

Describe any special educational needs that this child has: _____

CHILD'S SIGNATURE: _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian¹ Name: _____

Parent/Legal Guardian Address: _____

Parent/Legal Guardian Telephone Numbers: _____

¹A legal guardian is a person appointed as a guardian by a court or Indian Tribal Authority. Legal guardian must provide documentation of lawful order or decree

I give permission for my child _____
to work on the project _____.

I am familiar with the New Mexico Department of Workforce Solutions statutes and rules regarding child performers and I agree to abide by them. The rules may be viewed at www.dws.state.nm.us or may be obtained from the Child Labor Section.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

EMPLOYER INFORMATION

Anticipated length of employment on this project: _____

Nature of work on this project: _____

Will the child "EXTRA" be exposed to any potentially hazardous materials or substances? **YES NO**

If yes, describe the activity involved, the location where the activity will take place and list all potentially hazardous materials or substances: _____

EMPLOYER SIGNATURE: _____

**Signature of Approving Official - Student Labor Specialist
New Mexico Department of Workforce Solutions
Labor Relations Division
Child Labor Section
505-827-0091**

Approval Date