

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CHILD LABOR PROGRAM
EMPLOYER WAIVER APPLICATION

Phone: 800.226.2536 or 850.488.3131 (press option 1 for Child Labor)

APPLICATION FOR WAIVER OF FLORIDA CHILD LABOR LAW

(THIS WAIVER IS FOR MINORS WHO ARE **NOT** ENROLLED IN PUBLIC SCHOOLS **INCLUDING** FLORIDA VIRTUAL SCHOOLS)

Please type or write legibly; do not abbreviate (except State)

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|--|---|
| Employer Waiver Application _____ Business Representative's Name Representative Phone: _____ | Employer's Name: _____ Business Phone: _____ Email: _____ |
| Employer FEIN #: _____ - _____ - _____ | Address: _____ City: _____ State: _____ Zip: _____ County: _____ |
| Service Start Date _____ Date | Service End Date _____ Date |

HOURS OF WORK IN CERTAIN OCCUPATIONS

Sec. 450.081(4), Minors 17 years of age or younger shall not be employed, permitted, or suffered to work for more than 4 hours continuously without an interval of at least 30 minutes for a meal period.

A partial waiver is requested that would allow:

14 - 15 yr. olds

Work up to _____ hours without a break
 Number of minors _____

16 - 17 yr. olds

Work up to _____ hours without a break
 Number of minors _____

Please submit the following supporting documentation, a justification letter and/or supporting documents with the proposed waiver request and a list of the participating minors and their proof-of-age documentation.

SPECIAL BREAK WAIVER

HOURS ADJUSTMENT

The undersigned certifies that the information presented is true and correct to the best of their knowledge.

Signature of Applicant

Date

Send application and supporting documents to:
 2601 Blair Stone Road, Tallahassee, FL 32399-2212,
 FAX: 850.487.4928, OR

EMAIL: Childlaborwaivers@myfloridalicense.com

OR apply online at:

<http://www.myfloridalicense.com/dbpr/reg/childlabor/index.html>

Please do not send original documents with application