

REQUIREMENTS FOR A BLANKET PERMIT
(ISSUED FOR A MINIMUM OF TEN (10) OR MORE MINORS)

1. Completed Blanket Permit application form
2. Completed Permission to Employ Minors application form
3. Certificate of valid Workers' Compensation Insurance coverage
4. Photo copy of Permit to Employ Minors in the Entertainment Industry
(If you do not have one, you can obtain one from our offices)
5. Cover letter stating the following:
 - a. Dates minors will be working
 - b. What minors will be doing
6. A separate letter with the names and ages of all minors being used
7. Completely filled out consent forms which may be obtained from our office
(Blank consent forms can be duplicated. You may not use regular Entertainment Work Permit applications for the Blanket Permit.)
 - a. Parents/Guardians are to fully complete the top two portions of the consent form and sign it.
 - b. If they are school aged minors (grades 1-12), **the Principal or Vice-Principal** must complete the bottom portion titled "**School Record**", and sign it. If the minors are non-school aged (kindergarten and/or younger, attach a photo-copy of their birth certificate)
8. The order in which the list of minors are listed, must be the same order the completed consent forms are in, **by name.**
9. **All documents** listed above (applications, insurance, permit, letters, consent forms) are to be in **duplicate.**
(One original stack, one stack of photo copies in the exact same order.)

The above information should be turned in to whichever district office is going to be issuing the Blanket Permit, a minimum of **48 hours** (2 business days) **prior to the actual shoot time.**



STATE OF CALIFORNIA
Department of Industrial Relations
Division of Labor Standards Enforcement

**COMPLETE AND SUBMIT THIS
APPLICATION WITH PROOF OF
WORKERS' COMPENSATION
INSURANCE COVERAGE**

APPLICATION FOR PERMISSION TO EMPLOY MINORS IN THE ENTERTAINMENT INDUSTRY

Permission is requested, pursuant to the provisions of the California Labor Code and the child labor law regulations, to employ minors in the entertainment industry in work that is not hazardous or detrimental to the health, safety, morals or education of the minors

I/We agree to abide by all laws, rules and regulations covering the employment of minors in the entertainment industry.

Company Name (Please print or type)

Street Address

City State Zip Code

By Print Name Signature

Title/Position

Telephone Date



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Permission is requested, pursuant to the provisions of the California Labor Code and the child labor law regulations, to employ minors in the entertainment industry in work which is not hazardous or detrimental to the health, safety, morals or education of the minors.

A Certificate of Workers' Compensation Insurance which provides coverage for the minors is attached.

A parent or guardian will be on location for every twenty minors or fraction thereof.

CA-Certified Studio Teacher services will be provided by (please name the Studio Teacher):

Attached is a list of the minors, including the age and birth date of each minor, who will be employed in the production of

for the period _____ to _____.

I/We agree to abide by all laws, rules and regulations covering the employment of minors in the entertainment industry.

Company Name (Please print or type)

Street Address

City State Zip Code

By Print Name Original Signature

Job Title/Position

Telephone Date

*Fill these in before making copies, as this information will be the same on every form

CONSENT FORM

I HEREBY GRANT _____ THE RIGHT TO
* (Name of Production Company)

EMPLOY _____ FOR AN
(Child's Name) (Birth Date)

EPISODE OF _____ WHICH IS
* (Title of Production/Show)

SCHEDULED ON _____
* (Date(s))

SIGNED BY: _____, DATED _____
(Parent / Guardian)

MEDICAL EMERGENCY

I ALSO AUTHORIZE _____ THE RIGHT TO
* (Name of Production Company)

ADMINISTER MEDICAL ATTENTION TO THE ABOVE NAMED MINOR ON THE DATE OF
EMPLOYMENT, SHOULD IT BE REQUIRED.

SIGNED BY: _____, DATED _____
(Parent / Guardian)

SCHOOL RECORD

I CERTIFY THAT THE ABOVE NAMED MINOR MEETS THE SCHOOL DISTRICT'S
REQUIREMENTS WITH RESPECT TO AGE, ACADEMIC SCHOOL RECORD,
ATTENDANCE AND HEALTH:

NAME OF SCHOOL: _____, DATED _____

ADDRESS: _____
(Include City, State and Zip Code)

SIGNED BY: _____ TITLE: _____
(Principal or Vice Principal)

REMARKS: _____