STATE OF NEW HAMPSHIRE DEPARTMENT OF LABOR

PO BOX 2076 CONCORD, NH 03302-2076

EMPLOYER'S REQUEST FOR CHILD LABOR

Please issue a NH Youth Emplo	yment Certificate to:	
NAME OF MINOR	SOC.	SEC. NUMBER (optional)
AGE	DATE OF BIRTH	GENDER
That he/she may be legally emp as amended, by	loyed, in accordance with Revised St	catutes Annotated 276-A
(SHOW CORPORATION OR T	ΓRADE NAME, IF ANY)	(<u>FED. ID</u> #)
STREET & NUMBER	CITY, STATE, ZIP	TEL. #
	INDUSTRY OF EMPLOYER	
NATUI	RE OF EMPLOYMENT – BE SPEC	IFIC
	irth Certificate or other evidence o guardian may issue the certificate.	
Employer's Signature/Telephone	Number	
Print Name		