



State of Oregon  
Wage and Hour Commission

Application for Registration to  
Employ Minors in House-to-House Sales

Date: \_\_\_\_\_

Applicant/Employer Name and Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Description of contemplated employment and work sites: (Attach separate sheet, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

Estimate number of 16 and 17 year old minors that may be employed during registration year: \_\_\_\_\_

Rate of pay: \_\_\_\_\_

Give a brief history and description of Employer's company: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Address of Workers' Compensation Insurer: \_\_\_\_\_  
\_\_\_\_\_

Policy/Binder Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**CERTIFICATION**

The undersigned applicant or authorized agent of the applicant hereby certifies that the information given above is true and correct. By signature, the undersigned applicant agrees to comply with the provisions of ORS 653.305 to 653.545, OAR 839-021-0001 to 839-021-0500 and any terms and conditions specified by the Wage and Hour Commission, the Commission's Executive Secretary or the Executive Secretary's Designee.

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name of Applicant or Authorized Agent

\_\_\_\_\_  
Date

Complete and mail or Fax to: Child Labor Unit  
Wage and Hour Division, #1045  
Bureau of Labor and Industries  
800 N.E. Oregon St.  
Portland, OR 97232-2180  
Fax: (971) 673-0769