



STATE OF OREGON  
WAGE AND HOUR COMMISSION

**REQUEST FOR SPECIAL HOURS WAIVER TO  
EMPLOY MINORS IN THE ENTERTAINMENT INDUSTRY**

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

Employer/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address/Mailing Address) (City) (State) (Zip)

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

Name of Production: \_\_\_\_\_

Approximate number of minors: \_\_\_\_\_

Approximate ages of minors: \_\_\_\_\_

Requested work starting and ending time(s): \_\_\_\_\_

Date(s) of the extension request: \_\_\_\_\_

The physical location(s) where the minors are performing: \_\_\_\_\_

Reason for the extension of hours request: \_\_\_\_\_

**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 OAR 839-021-0300 to OAR 839-021-0375, ORS 653.305 to 653.545, 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

**RETURN THIS APPLICATION TO:** Bureau of Labor and Industries  
Wage and Hour Division, #1045  
Child Labor Unit  
800 NE Oregon St.  
Portland, OR 97232-2180  
Telephone: (971) 673-0836  
FAX: (971) 673-0769