STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS

DIVISION OF LABOR STANDARDS ENFORCEMENT

ENTERTAINMENT PERMIT SECTION

6150 Van Nuys Blvd.—# 200

Van Nuys, CA 91401

Please print or type:

(818) 901-5484



NOTICE OF UIOLATION

	PERS	SON REGISTER	ING COMP	LAINT			
Name:					. Phone: ()		
Address:				City:			
State:	County:		Zip Code:				
	COM	PLAINT REGIS	TERED AG	AINST			
Business Name:		Bs. Phone: ()					
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Producer:			Director:				
Ist Asst. Director:	2nd Asst. Director:						
Violation by:			Title:				
	ST	ATE DETAILS	OF VIOLAT	ION			
Please be as accurate a	as possible, giving	pertinent facts	hat will sub	stantiate violation.	If witness w	rishes to be	
anonymous, state so. (Use other side if n	ecessary.)					
Date: T	ime:	Location:					
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NAMES OF MINORS	S	CHOOL		BIRTHDATE	DEDMIT	EXP.DATE	
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I certify all information w	hich I have given	herein to be true	e. correct a	and complete to the	best of my	knowledge	
•			-,, (and complete to the	Door or my	Kilofficage.	
STUDIO TEACHER (si	mature)			Ĭ	Date	*.	