

New Mexico Department of Workforce Solutions
Labor Relations Division
Labor and Industrial Bureau
Child Labor Section
1596 Pacheco Street
Santa Fe, New Mexico 87505
505-827-6827
505-827-6875 Fax

CHILD PERFORMER PRE-AUTHORIZATION CERTIFICATE

PROJECT NAME: _____

(Movie/commercial/play/etc.)

Length of project: _____

Employer Name: _____

Employer New Mexico address: _____

Other address (out of state) : _____

List 3 contact people with contact information

1.Name _____

Address _____

Contact telephone numbers _____

2.Name _____

Address _____

Contact telephone numbers _____

3.Name _____

Address _____

Contact telephone numbers _____

CHILD INFORMATION

Name of the child performer: _____ male/female

Address: _____

Date of Birth: _____ Age: _____ proof of age must be provided

(If the child performer is under 6 months of age a doctor's approval is required.)

Where is the child registered to attend school: _____

Grade level of the child: _____

Describe any special educational needs that this child has: _____

Anticipated length of employment on this project: _____

Nature of work on this project: _____

Will the child performer be exposed to any potentially hazardous materials or substances?

If so, describe the activity involved, the location where the activity will take place and list all potentially hazardous materials or substances: _____

CHILD'S SIGNATURE: _____

Child performer's signature required if the child is over 14 years of age

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian¹ Name: _____
Parent/Legal Guardian Address: _____
Parent/Legal Guardian Telephone Numbers: _____

¹ A legal guardian is a person appointed as a guardian by a court or Indian Tribal Authority. Legal guardian must provide documentation of lawful order or decree

I give permission for my child _____
to work on the project _____.
I am familiar with the New Mexico Department of Workforce Solutions statutes and rules regarding child performers and I agree to abide by them.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

TEACHER CERTIFICATION

I _____, agent of _____ herby certify that a
certified teacher is certified and I have attached a copy of the licensing credentials.

CERTIFIED TRAINER/TECHNICIAN

I _____, agent of _____ herby certify that I will
employ a certified technician or trainer to be present of the child performer during all times when the child may
be exposed to potentially hazardous conditions. I understand that failing to comply will adversely affect the
issuance or ability to obtain a pre-authorization certificate in the future and may lead to withdrawal of a current
pre-authorization certificate.

TRUST FUND ACCOUNT

In accordance with section 50-6-15 NMSA 1978 Compilation, a trust fund has been set up for the child. If the
child will earn an amount equal to or greater than \$1000.00 for this project, fifteen percent of the child's gross
earnings will directly be deposited into the trust account.

PARENT SIGNATURE: _____

I _____, agent of _____ certify that the
parent, guardian, or trustee has provided this project with a trust account statement and the appropriate funds
will be deposited within fifteen business days of the work performance.

BACKGROUND CHECKS

I _____, agent of _____
certify that background checks have been completed for the certified teacher and the technician/trainer on the
project, and copies have been attached to this form.

TEACHER: _____
Name of the Teacher

TECHNICIAN/TRAINER: _____
Name of the Technician/Trainer

**Failure to complete the form adversely may result in non-issuance or withdrawal of a pre-
authorization certificate. Criminal penalties may be attached to violations of the Child
Labor Act.**

EMPLOYER SIGNATURE: _____

*****DATE RECEIVED BY THE
NMDWS: _____

APPROVAL DATE: _____

Signature of Approving Official - Student Labor Specialist
New Mexico Department of Workforce Solutions
Labor Relations Division
Child Labor Section
505-827-0091

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PARENT/LEGAL GUARDIAN CONSENT STATEMENT
WAIVER

(In Exceptional circumstances due to unusual performance requirements.)

I, _____ hereby give consent for _____
Name of consenting parent/guardian - PRINT Name of child performer - PRINT

to be photographed or appear in the _____
Name of Movie/Film/Commercial/Project

being filmed/produced by _____
Name of Production Company

on _____ in
Specific dates and times that the child performer will be employed or present at the place of employment

Specific location

Signature of consenting parent/legal guardian

Date of consent

Date Received by the Department of Workforce Solutions

Signature of approval by the Department of Workforce Solutions