APPLICATION FOR WORK PERMIT

Date of application ____________________________
Certificate/Permit number ____________________________
Date issued ____________________________

PDE-4565 (1/13)

A. To be completed by issuing officer

<table>
<thead>
<tr>
<th>Name of minor</th>
<th>Sex</th>
<th>Color of hair</th>
<th>Color of eyes</th>
<th>Signature of issuing officer</th>
</tr>
</thead>
</table>

Any physical work restrictions

Place of residence

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Evidence of age accepted and filed. Evidence shall be required in the order designated. Cross out all but the one accepted.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Day</td>
</tr>
</tbody>
</table>

B. To be completed by parent or guardian, unless minor is a high school graduate (please attach proof of graduation)

Signature of parent, guardian or legal custodian* Name and address of parent, guardian or legal custodian

Commonwealth of Pennsylvania - Department of Education

*In lieu of signature under clause (B), the applicant may execute a statement before a notary public or other person authorized to administer oaths attesting to the accuracy of the facts set forth in the application on a form prescribed by the department. The statement shall be attached to the application.