

New Mexico Department of Workforce Solutions  
Labor Relations Division  
Labor and Industrial Bureau  
Child Labor Section  
1596 Pacheco Street  
Santa Fe, New Mexico 87505  
505-827-0091 or 505-827-6817  
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 \_\_\_\_\_

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**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

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**PARENT/LEGAL GUARDIAN INFORMATION**

Parent/Legal Guardian<sup>1</sup> Name: \_\_\_\_\_

Parent/Legal Guardian Address: \_\_\_\_\_

Parent/Legal Guardian Telephone Numbers: \_\_\_\_\_

<sup>1</sup> 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.

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**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.

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**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  
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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