

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

PRE-AUTHORIZATION CERTIFICATE  
~ ~ Minor Extras ~ ~

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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**TEACHER CERTIFICATION**     *if necessary*

I \_\_\_\_\_, agent of \_\_\_\_\_ herby certify that a certified teacher is certified and I have attached a copy of the licensing credentials. *All child performers' ages six to 18 years must be provided with a teacher for each group of 10 or fewer when school is in session.*

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**CERTIFIED TRAINER/TECHNICIAN**     *if necessary*

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 have attached a copy of the licensing credentials. 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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**Pre-Authorization Certificate for  
~~MINOR EXTRA~~**

PROJECT NAME -- dates on this project

**TRUST FUND ACCOUNT**

Will this child earn \$1000.00 or more for this project? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, do not complete this form. You must complete the *Child Performer Pre-Authorization Certificate*.

**CHILD INFORMATION**

Name of the child : \_\_\_\_\_ 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: \_\_\_\_\_

CHILD'S SIGNATURE: \_\_\_\_\_

**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. The rules may be viewed at [www.dws.state.nm.us](http://www.dws.state.nm.us) or may be obtained from the Child Labor Section.

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

**EMPLOYER INFORMATION**

Anticipated length of employment on this project: \_\_\_\_\_

Nature of work on this project: \_\_\_\_\_

Will the child "EXTRA" be exposed to any potentially hazardous materials or substances? **YES NO**

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

EMPLOYER SIGNATURE: \_\_\_\_\_

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