DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CHILD LABOR PROGRAM
Phone: 800.226.2536 or 850.488.3131 (press option 1 for Child Labor)
FAX: 850.487.4928, OR EMAIL: Childlaborwaivers@myfloridalicense.com

APPLICATION FOR WAIVER OF FLORIDA CHILD LABOR LAW

(APPLIES TO MINORS WHO ARE NOT ENROLLED IN PUBLIC SCHOOLS INCLUDING FULL-TIME, FLORIDA VIRTUAL SCHOOL STUDENTS)
Please type or write legibly

This application is for a minor who is:
☐ *Under the age of 18*
OR
☐ Not enrolled in a Public School

Applicant's Name: _____

Minor's Birth Date (Mo/Day/Year): ____/____/____

Minor's Age: _____

Minor's Social Security #: _____-_____-_____

Applicant's Address: _____

City: _____ **State:** ____ **Zip:** _____

County: _____

Email: _____

PHONE#: ( )

List the Alternative Home-School (Applicable to District Home-School & Part-Time Florida Virtual Students, with supporting documents)
Name: _____
Telephone: ( )

List the Alternative Education Program (Applicable to Private & Adult/GED Prep Students, with supporting documents)
Name: _____
Telephone: ( )

A partial waiver is requested that would allow the applicant to:

14-15 yr. olds

☐ Work up to 15 hours a week (**while school is in session may be granted 3 additional hrs., But no more than 18 hrs. per week**)

** No additional waiver is granted for this age group

16-17 yr. olds

☐ Work more than 30 hours a week (**while school is in session, may be granted 10 additional hrs., But no more than 40 hrs. per week**)
☐ Work after 11:00 p.m. on days preceding school days
☐ Work before 6:30 a.m. on days preceding school days
☐ Work during regular school hours
☐ Work up to _____hours without a break (**case by case basis**)
☐ Work in a hazardous occupation (certified **OR** enrolled in an approved state or federal student-learning/apprentice program)
☐ Other. Be specific

A waiver is requested because of: (You may check all applicable boxes; documentation must be provided for any box checked/circled). **SEE SECOND PAGE FOR EXPLANATION OF APPROPRIATE SUPPORTING DOCUMENTATION TO BE SUBMITTED WITH WAIVER APPLICATION.**

☐ PRIVATE SCHOOL ☐ ADULT ED & GED PREP CLASSES ☐ OTHER HARDSHIP

☐ FINANCIAL HARDSHIP ☐ MEDICAL HARDSHIP ☐ COURT ORDER

☐ HOME-SCHOOL ☐ EXPELLED

The undersigned certifies that the information presented is true and correct to the best of their knowledge.

_____ _____
Signature of Applicant **Date**

Submit Application to:
2601 Blair Stone Road, Tallahassee, FL 32399-2212,
EMAIL: Childlaborwaivers@myfloridalicense.com OR apply online at: http://www.myfloridalicense.com/dbpr/
Please do not send original supporting documents with application