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
**PARENT/LEGAL GUARDIAN INFORMATION**

Parent/Legal Guardian\(^1\) 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 ________________________________ hereby certify that a certified teacher is certified and I have attached a copy of the licensing credentials.

**CERTIFIED TRAINER/TECHNICIAN**

I ________________________________, agent of ________________________________ hereby 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
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 _____________________________________________________________________________________

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