State	of	New	Ham	pshire
Department of Labor				

Phone: 603.271.0127 Email: Inspectiondiv@dol.nh.gov

EMPLOYER'S REQUEST FOR CHILD LABOR

Please issue a NH Youth Employment Certificate to:

Name of Minor

Social Security Number (optional)

Age

Date of Birth

That he/she may be legally employed, in accordance with Revised Statutes Annotated 276-A as amended, by:

(Corporation or Trade Name, if any)

Street Address

City, State, Zip

Industry of Employer

Nature of Employment - BE SPECIFIC

With this application the minor must present a Birth Certificate or other evidence of date of birth, to the School Department, and the certificate will be issued there. The certificate must be kept on file for your records.



Gender

(Federal Identification Number)

Telephone Number