APPLICATION FOR WORK PERMIT	Date of application
	Certificate/Permit number
PDE-4565 (1/13)	Date issued
A. To be completed by the applicant	

A. To be completed by the applicant		
Name of minor	Sex	Signature of issuing officer
	Color of hair	- 13 18 C
	Color of eyes	
Any physical work restrictions		School district - name and address
		Montoursville Area High School
Place of residence	Place of birth	Montoursville, PA 17754
Date of birth Evidence of age accep	nted and filed. Evidence shall b	Evidence of age accepted and filed. Evidence shall be required in the order designated. Check the accepted evidence.
Month Day Year a. Transcrip	a. Transcript of birth certificate	b. Baptismal certificate or transcript c. Passport
d. Other do	d. Other documentary evidence	e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the minor
B. To be completed by parent or guardian, unless minor is a high school graduate (p	an, unless minor is a high	school graduate (please attach proof of graduation)
Signature of parent, guardian or legal custodian*		Name and address of parent, guardian or legal custodian

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administer oaths attesting to the accuracy of the facts set forth in the application on a form prescribed by the department. The statement shall be attached to the application. \*In lieu of signature under clause (B), the applicant may execute a statement before a notary public or other person authorized to