

Employer's Signature

## State of New Hampshire Department of Labor

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

## **EMPLOYER'S REQUEST FOR CHILD LABOR**

Please issue a NH Youth Employmen	t Certificate to:	
Name of Minor		Social Security Number (optional)
Age	Date of Birth	 Gender
That he/she may be legally employed, by:	in accordance with	n Revised Statutes Annotated 276-A as amended,
Ford K. Sayre Memorial Ski Cou	ncil, Inc.	02-0245359
(Corporation or Trade Name, if any)		(Federal Identification Number)
PO Box 471	Har	over, NH 03755
Street Address	City, S	State, Zip
Snow sports Education		
Industry of Employer		
Teach young children sne	ow sports fur	ndamentals
Nature of Employment – BE SPECIFI	С	
With this application and a Birth Certif a parent or legal guardian, may issue		ence of date of birth, the School Department or certificate must be kept on file.
An an		802-698-0283

Telephone Number