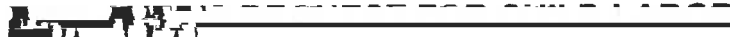




State of New Hampshire

Department of Labor

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



Please issue a NH Youth Employment Certificate to:

Name of Minor

Social Security Number (optional)

Age

Date of Birth

Gender

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

(Corporation or Trade Name, if any)

(Federal Identification Number)

Street Address

City, State, Zip

Industry of Employer

Nature of Employment – BE SPECIFIC

With this application and a Birth Certificate or other evidence of date of birth, the School Department or

Employer's Signature

Telephone Number