

# WEST VIRGINIA DIVISION OF LABOR

1900 Kanawha Boulevard East - State Capitol Complex – Building 3, Room 200 - Charleston, WV 25305

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## BLANKET WORK PERMIT FOR TWENTY-FIVE (25) OR MORE MINORS

Authorized by W. Va. Code §21-6-8a and §21-3-10a

### SECTION A - To Be Completed by the Minors' Prospective Employer (Attach additional sheets if necessary)

1. Name, Address, Telephone Number, Fax Number and Email Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Describe the nature of your business in detail: \_\_\_\_\_

\_\_\_\_\_

3. The minors' intended period of employment will be from \_\_\_\_\_ to \_\_\_\_\_,  
Start Date End Date

not to exceed 90 days.

4. The minors' intended hours of employment will be from \_\_\_\_\_  am or  pm to \_\_\_\_\_  am or  pm, for  
total of \_\_\_\_\_ hours per day, a total of \_\_\_\_\_ days per week, and a total of \_\_\_\_\_ hours per week.

5. I have attached a complete list of the names, birth dates, work site locations, and a brief description of the tasks or  
jobs that each minor is expected to perform and specification of any tools or equipment the minors may use.

**By my signature below, I certify that I understand, acknowledge and agree that:**

- this Blanket Work Permit must be approved by the West Virginia Division of Labor Commissioner, or his or her authorized representative, **BEFORE** the minors may begin work;

- if this Blanket Work Permit is approved, or approved with modifications, the minors will be legally employed according to the terms and conditions set forth above, or as modified below, and as permitted by the Child Labor Act, W. Va. Code §21-6-1 through §21-6-11, which includes providing at least a thirty (30) minute meal break each day that the minors work five (5) or more hours; and

- I will keep this Blanket Work Permit on file for as long as the minors are employed by me.

\_\_\_\_\_  
Printed Name and Signature of Employer or Employer's Authorized Representative

\_\_\_\_\_  
Title, Telephone Number, and Email Address

\_\_\_\_\_  
Date

**SECTION B – To Be Completed by the West Virginia Division of Labor Commissioner or his or her authorized representative**

I, \_\_\_\_\_ have reviewed this Blanket Work Permit,  
Printed Name of the Commissioner or Authorized Representative

including the information on the attached list in paragraph 5 above.

**By my signature below, I am  issuing  modifying or  rejecting this Blanket Work Permit, effective as of**

\_\_\_\_\_ **for a period not to exceed ninety (90) days.**

Date

The modifications, if any, are as follows: \_\_\_\_\_

\_\_\_\_\_

The reason(s), if any, for rejecting this Blanket Work Permit are as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Commissioner or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title