

Application for Variance from the Child Performer Regulations

A. Submission Instructions

- If a significant hardship is anticipated in complying with a part(s) of the regulations, an employer may apply for a variance from such parts.
- Complete and fax this application to (518) 457-2731 at least 2 business days before the date the requested modifications should take effect.

B. Employer Information

1. Employer Name: _____
2. Certificate of Eligibility Number: _____
3. Work Location: _____
4. Employer Contact Information (name and title of on-site representative): _____
Phone: _____ Fax: _____
Email: _____
5. Are you seeking this certificate to employ child models? Yes No

C. Variance Information

1. Please spell out the specific reason the variance is requested:

2. Time Period (requested time for variance to be in effect): _____
3. Number of children to be covered by variance: _____
4. List performers affected by variance (use additional sheet if necessary): _____

5. List any additional or alternative provisions you will make to protect performers: _____

D. Signature

_____	_____
Name of requester (print)	Title
_____	_____
Signature	Date

If your request for a variance is granted, the NYS Department of Labor will send you a written *Notice of Variance*, which you must keep available for inspection at the place of employment.