APPLICATION FOR WORK PERMIT					Date of application			
					Certificate/Pe	ermit number		
PDE-4565 (1/13)					Date issued			
A. To b	e comp	leted b	y the applicant					
Name of minor				Color of eyes		Signature of issuing officer		
Any physical work restrictions					School district - name and address			
Place of residence				Place of birth				
Da	te of bi	rth	Evidence of age accep	ted and filed. Evidence sha	all be required in th	ne order designated. Check the accepted evidence.		
Month	Day	Year	· ·	of birth certificate umentary evidence	e. Affidavit o	<ul> <li>b. Baptismal certificate or transcript</li> <li>c. Passport</li> <li>e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the minor</li> </ul>		
						ate (please attach proof of graduation)		
Signatur	e of par	ent, gua	rdian or legal custodia	n* Name and	d address of paren	nt, guardian or legal custodian		

Commonwealth of Pennsylvania - Department of Education

<sup>\*</sup>In lieu of signature under clause (B), the applicant may execute a statement before a notary public or other person authorized to 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.