



Republic of the Philippines  
**DEPARTMENT OF LABOR AND EMPLOYMENT**

**Region 9**

3<sup>rd</sup> Floor, QNS Building, Veterans Avenue Extension  
Tumaga Road, Zamboanga City

Passport  
size  
Photo

**WORKING CHILD'S PERMIT  
APPLICATION FORM**

**PERSONAL DATA OF THE CHILD**

Name of Child: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)  
Home Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
Education:  In-school  Out-of-school  Pre-school  Not applicable  
Father: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

**NATURE OF WORK**

- For public entertainment or information  
 Cinema  Television Program  Theater  Radio  Print Ads  Print Materials  
 Commercial (specify products or services to be endorsed) \_\_\_\_\_  
 Public relations activities or campaigns  Others, specify \_\_\_\_\_
- For family undertakings  
The child works under the sole responsibility of  parent  guardian  Family member other than parent, specify \_\_\_\_\_  
Specify the child's activity or work \_\_\_\_\_

**TERMS AND CONDITIONS OF EMPLOYMENT**

Start of school date \_\_\_\_\_ End of school date \_\_\_\_\_  
No. of hours of work/day \_\_\_\_\_ Role \_\_\_\_\_  
Time of shoot \_\_\_\_\_ Location (pls. specify exact details) \_\_\_\_\_ Talent Fee \_\_\_\_\_  
The following are provided to the child:  
 comfortable workplace and adequate quarters  adequate meals and snacks and sanitary eating facility  
 break or rest periods in comfortable day beds or couches  clean & separate dressing rooms & toilet facilities for boys and girls  
 others, pls. specify \_\_\_\_\_  all the necessary assistance to ensure the adequate and immediate medical and dental attendance and treatment to an injured or sick child in case of emergency

**DOCUMENTS SUBMITTED**

FIRST APPLICATION  SUCCEEDING APPLICATION  
 Notarized WCP Application Form  Original WCP card  
 Birth Certificate or Certificate of Late Registration of Birth  Notarized Application Form  
 Notarized Employment Contract  Notarized Employment Contract  
 Updated Medical Certificate (1 month)  Updated Medical Certificate (1 month)  
 Proof of Schooling (any of the following)  Proof of Schooling (any of the following)  
 Certificate of Enrollment  Current school I.D.  Report card  Certificate of Enrollment  Current school I.D.  Report card  
 2 passport size photographs  2 passport size photographs  
 SEC/DTI/Mayor's Permit  Application Fee  
 Valid I.D. of parents/guardian  
 Application Fee of \* P100.00 only

If child is not enrolled, describe program for education, training and skills acquisition for the working child:  
\_\_\_\_\_  
\_\_\_\_\_

**DATA ON EMPLOYER**

Public entertainment or information / family undertakings  
 Producer  Advertiser  Ad Agency  Talent Agent  Talent Manager  
Name of Establishment / Company: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Business Permit No.: \_\_\_\_\_ Place Issued: \_\_\_\_\_ Valid Until: \_\_\_\_\_  
SEC Reg. No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**I hereby certify that the information contained herein are true and correct to the best of my knowledge.**

Conforme:

\_\_\_\_\_  
Printed Name & Signature of Employer  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Signature of Parent / Guardian

<b>DOLE-9 FORM 7.5.05.02</b>	
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