## APPLICATION FOR STUDIO TEACHER CERTIFICATION

Department of Industrial Relations Labor Commissioner's Office Licensing and Registration Unit 1515 Clay Street, Suite 1902 Oakland, Ca 94612 Tel. (510) 285-2121



1. Name		2. Address (Number, Street, City or Town, County, State, Zip Code) P.O. Box if applicable		
3. Date of Birth		4. SS#		5. Telephone (Area Code & No.)
6. This is an application for a  ☐ New ☐ Renewal	7. If Renewal, give previous Certificate No.	8. Driver's No. (Inclu	License or Photo Identification de a copy)	9. E-mail address if applicable
10. Do you hold both a California Single Subject credential and a California Multiple Subject credential? ☐ Yes ☐ No You must provide proof of valid and current credentials with your application  If yes, list the subject areas, effective dates and expiration dates				
CERTIFICATION OF APPLICANT  I hereby apply for certification as a Studio Teacher by the State Labor Commissioner and submit my request to take a written examination regarding the California labor laws and regulations as they apply to the employment of minors in the entertainment industry.				
I certify that I hold both a California Elementary and California Secondary credential or a California Multiple Subject K-12 plus a California Single Subject credential in either English, Math, Social Science, Science or a Foreign Language which are valid and current. (copies attached).				
I hereby certify, under penalty of perjury, that the foregoing statements are true and correct.				
Executed at *	, California, this		day of	20
SIGNATURE				
* If place of execution is outside California, the foregoing statements must be sworn to before a notary public or other officer authorized to take oaths and affirmations.				
DO NOT WRITE BELOW THIS LINE				
Certificate Number				
Approved State Labor Commiss	sioner	_	Date Received	Date Posted

DLSE-283 (REV. 11/2018)