

**APPLICATION FOR EXEMPTION
FROM PROVISIONS OF THE INDUSTRIAL WELFARE COMMISSION ORDER**

Please complete the information requested below and return the original form and one (1) copy to the above address.

Requester's name: _____
Individual/Firm name

Address: _____
Street
_____, CA _____
City Zip Code

Request exemption from Industrial Welfare Commissioner Order No. _____, Section(s) _____
and provide the following information in support of this request:

- Type of Business: _____
- Total Number of Employees: _____
- Number of employees for whom exemption is requested: _____
- Occupation(s) for which exemption is requested: _____
- Length of period for exemption: _____
- Explain nature of exemption and provide **in detail** the necessity for exemption which must include:
 - How the exemption will not materially affect the welfare or comfort of the employees; and,
 - How it will work an undue hardship on business, if not approved.

Dated: _____

Requester Name (printed) and Title or Position

___ NEW
___ Renewal

Signature of Requester

POST IN CONSPICUOUS PLACE
(Remove When Permit for Exemption is Received)