

APPLICATION FOR STUDIO TEACHER CERTIFICATION

Department of Industrial Relations
Labor Commissioner's Office
Licensing and Registration Unit
1515 Clay Street, Suite 401
Oakland, Ca 94612
Tel. (510) 285-3399



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 <input type="checkbox"/> New <input type="checkbox"/> Renewal	7. If Renewal, give previous Certificate No.	8. Driver's License or Photo Identification No. (Include 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 Commissioner _____	Date Received	Date Posted