

License and Certification  
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## Application for a Certificate of Group Eligibility to Employ Child Performers

### A. Submission Instructions

An employer must obtain a Certificate of Group Eligibility to Employ Child Performers before employing any group of child performers for the purpose of creating a background or crowd scene. Performers covered by this Group Certificate do not need to provide a copy of a Child Performer Permit. A Certificate of Group Eligibility is valid for a maximum of two days of employment, which need not be consecutive.

To obtain a Group Certificate:

- Complete Parts B, C and D of this application.
- Attach proof of New York State Workers' Compensation and Disability Insurance.
  - o If you currently have employees in New York, you must provide proof of coverage for those New York State workers by attaching copies of Form C-105.2 and DB-120.1, obtainable from your insurance carrier; or
  - o If you are currently exempt from this requirement, complete Form CE-200 attesting that you are not required to obtain New York State Workers' Compensation and Disability Insurance Coverage. Information on and copies of this form are available from any district office of the Workers' Compensation Board or from their website at <http://www.wcb.ny.gov/>. Click on "WC/DB Exemptions," then click on "Request for WC/DB Exemptions."
- Attach a check for \$200.00 made payable to the Commissioner of Labor.
- Mail this completed application and all required documents to the address listed above.

If you have any questions, call (518) 457-1942, email [CPinfo@labor.ny.gov](mailto:CPinfo@labor.ny.gov), or visit the Department's website at [www.labor.ny.gov](http://www.labor.ny.gov).

### B. Group Employer Information

1. Employer name \_\_\_\_\_
2. Employer certificate number (if applicable) \_\_\_\_\_
3. Type of business organization (check one)  
Corporation   Sole Proprietorship   Partnership  
Limited Liability Company   Limited Liability Partnership
4. Corporate Officers (if any) (list additional names and titles on back)  
Name \_\_\_\_\_ Title \_\_\_\_\_
5. Employer FEIN \_\_\_\_\_ - \_\_\_\_\_
6. Business address : Street \_\_\_\_\_  
City \_\_\_\_\_ State/Province/Region \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email \_\_\_\_\_
7. Mailing address (if different): Street \_\_\_\_\_  
City \_\_\_\_\_ State/Province/Region \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_

C. Group Employment Information

1. Approximate number (#) in Group of Child Performers to be employed under certificate \_\_\_\_\_

2. Physical address (Location) of employment of Child Performer(s)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Period of use: Beginning date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

4. Expected dates of use (no more than 2 days - need not be consecutive)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ and \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Type of production (e.g. film, play, commercial) \_\_\_\_\_

6. Describe the manner and role in which the group performers will be used

7. Employer's on-site representative name and contact information:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email \_\_\_\_\_

8. Are you seeking this certificate to employ child models? Yes No

D. Declaration and Acknowledgement

Have you been found to be in violation of any section(s) of Part 186, of federal or state labor laws, or of other state or federal laws governing the employment of child performers? Yes No

If yes, describe the violations and their dispositions. Use back of form if necessary.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Violation

Nature of Violation

The employer has read and agrees to abide by all laws, rules and regulations covering the employment of child performers, including the responsibilities listed in Part E, and understands that the failure to do so may result in the suspension or revocation of the certificate or the denial of its renewal.

I, the undersigned, am authorized to submit this application on behalf of the employer named in this application. By filing this application, I authorize the Unemployment Insurance Division to release the records of the employer to the Division of Labor Standards and affirm that the information in this application and all attachments is complete and accurate to the best of my knowledge.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Authorized Representative Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Authorized Representative Name

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Title

## **E. Group Employer Responsibilities (keep this part for your information)**

Among the responsibilities of employers of a group of child performers are:

### **1. Trust Account (for paid employment only)**

New York State law requires that a child performer's employer transfer fifteen percent (15%) of a child performer's gross earnings for placement into a trust for the child performer established by the child performer's parent/guardian. In order to do this the employer must:

- a. Obtain from the child performer's parent/guardian or custodian the information required to make the transfers.
- b. Transfer the appropriate amounts for placement into the trust account.
  - When the employment contract is for 30 days or less, transfer 15% of gross earnings within thirty (30) days following the final day of the child performer's employment.
  - When the employment contract is for longer than 30 days, transfer 15% of gross earnings at the end of each payroll period.
  - By request of the parent/guardian or custodian, the amount transferred can be increased to more than 15%.
  - If the parent/guardian or custodian has not provided the necessary information within 15 days of the start of employment, or no such account has been established, transfer the money together with the child performer's name, last known permanent address, date of birth, social security number, name and address of the child's parent(s) or guardian(s) and their home and business phone numbers; and such other identifying information as the Comptroller may require, to the State Comptroller for placement into the child performer's holding fund. The State Comptroller may be contacted at (518) 486-1240.

### **2. Other Group Employer Requirements**

#### **a. Responsible Person**

- At least one responsible person should be designated to supervise and safeguard the performers throughout their employment. Designate 1 responsible person for every 20 child performers or fraction thereof, under the age of 16. A parent/guardian, an adult (over 18), or the entity providing the group may be the designated responsible person(s).
- If the parent/guardian is not present, the employer must designate a responsible person and either, notify the parent/guardian of the designee, or agree with parent/guardian on the designee.
- Any responsible person must be at least 18 years of age, and not on NYS or national sex offender registries.

#### **For Infants Only**

- Provide one on-set RN and one responsible person for each three or fewer infants between fifteen days and six weeks of age. Provide one on-set RN and one responsible person for each ten or fewer infants between six weeks and six months of age.
- Such RNs must have significant experience in pediatric practice.

#### **b. Obtain Child Performer's Emergency Contact Information and Authorization to Provide Emergency**

Medical Treatment for each child performer employed. Form LS 563 may be used for this purpose.

#### **c. For each child performer employed under this group certificate, maintain a list of performer's true name, stage name, age, parent/guardian name and parent/guardian address.**

#### **d. Keep copies of all relevant certificates and authorizations on file and make them available for inspection at the location of employment.**

#### **e. Provide Safety and Health training to child performers and responsible persons as required by Section 186-6.5 of the Regulations.**

#### **f. Maintain appropriate New York State Workers' Compensation/Disability Insurance and Unemployment Insurance Coverage.**

#### **g. Observe Safety, Health, Wage, and Hours laws.**

#### **h. Maintain records according to Section 186-7.2.**

#### **i. Provide meal and rest breaks according to Section 186-6.3 and 186-6.4.**