License and Certification
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Building 12, Room 436
Albany, NY 12226
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NEW YORK STATE | Department of Labor
WORKING FOR YOU

Application for Variance from the Child Performer Regulations

A. Submission Instructions

- If a significant hardship is anticipated in complying with a part(s) of the regulations, an employer ma apply for a variance from such parts.
- Complete and fax this application to (518) 457-2731 at least 2 business days before the date the requested modifications should take effect.

B. Employer Information

1. Employer Name: _____
2. Certificate of Eligibility Number: _____
3. Work Location:
   Street: _____
   City: _____ State: _____ Zip: _____
4. Employer Contact Information:
   Phone: (_____) _____ - _____ Fax: (_____) _____ - _____
   Email: _____
5. Are you seeking this certificate to employ child models? ☐ Yes ☐ No

C. Cariance Information

1. Please spell out the specific reason the variance is requested:

2. Time Period (requested time for variance to be in effect): _____
3. Number of children to be covered by variance: _____
4. List performers affected by variance (use additional sheet if necessary):

5. List any additional or alternative provisions you will make to protect performers:

D. SIgnature

Name: _____ Title: _____

Signature: _____ Date: ___ / ___ / _____

If your request for a variance is granted, the NYS Department of Labor will send you a written Notice of Variance, which you must keep available for inspection at the place of employment.