



BUREAU OF LABOR LAW COMPLIANCE
 1301 LABOR & INDUSTRY BUILDING
 SEVENTH & FORSTER STREETS
 HARRISBURG, PA 17121

DEPARTMENT OF
LABOR & INDUSTRY
 COMMONWEALTH OF PENNSYLVANIA

1-800-932-0665

www.dli.state.pa.us

APPLICATION FOR A LICENSE

Authorizing a special minimum wage for a worker with a disability under Section 4(d) of the Minimum Wage Act. This form should be signed by the employer and the disabled worker and two (2) copies returned to the Bureau of Labor Law Compliance, 1301 Labor & Industry Building, Seventh & Forster Streets, Harrisburg, PA 17121. This is an application form only.

1. Name of Firm _____
2. Address of Establishment in which worker is to be employed _____
STREET
- _____ 3. Phone No. _____
CITY COUNTY STATE ZIP CODE
4. Type of Business _____
5. Name of Worker _____ 6. Age _____
7. Address of Worker _____
STREET CITY STATE ZIP CODE
8. How long employed by firm? _____ 9. How long at present job? _____
10. Describe in detail occupation in which worker is, or is to be employed _____

11. How does the disability interfere with performance of the job? _____

12. What is the worker's productive capacity compared to norm? _____ %
13. What is the proposed hourly rate for the worker? \$ _____
14. Estimated date when worker may likely reach normal production _____
15. I have read the Regulations under Pennsylvania's Minimum Wage Act and agree to comply with the conditions specified for the duration of the permit. I understand that in the event that a license is issued, the license becomes effective on the date of issuance and is revokable for just cause by the Secretary of Labor & Industry or the Secretary's authorized representative.

I further understand that furnishing of false statements in this application is a crime and is subject to criminal penalties under Section 4904 of the Pennsylvania Crimes Code (relating to unsworn falsification to authorities).

 SIGNATURE OF EMPLOYER

 TITLE

16. I have read the statements in the application and ask that the requested license be granted.

 DATE

 SIGNATURE OF WORKER

Auxiliary aids and services are available upon request to individuals with disabilities.
 Equal Opportunity Employer/Program