



Student Learner Exemption Minor Work Variance Application for 16 — 17 years old

Employment Standards Program
PO Box 44510
Olympia WA 98504-4510

Email: TeenSafety@Lni.wa.gov
Fax: 360-902-5300
Phone: 1-866-219-7321

Read the instruction prior to completing this form to see if you qualify.

Employer Information

Your Business Name		Corporation Name			
Type of Business & Products Manufactured or Services Rendered					
Washington Unified Business Identifier (UBI)		Location ID (Last 4 Digits)		School Year You Are Requesting This Variance (Example: 2019-2020)	
Mailing Address			City	State	Zip Code
Location Address (Physical location where teen will be working)			City	State	Zip Code
Contact Name			Contact Email		
Contact Phone Number			Contact Fax Number (Optional)		

Description of Variance Request

1. Is your business registered as a program or an approved employer/training agent under an apprenticeship standard approved by the Washington State Apprenticeship and Training Council? Yes No

If you answered "Yes", complete Questions 1A and 1B. If you answered "No", go to Question 2.

1A. List occupation name: _____

1B. Is the student currently enrolled in school? Yes No

2. Number of student learners you anticipate (if known): _____

3. Are you requesting this variance to:

- Extend work hours for a minor(s) in non-agricultural employment ([WAC 296-125-027](#))? Yes No

If "Yes", please specify the hours you are requesting below.

School Week			Non-School Week		
Variance	Max Allowed	Your Request	Variance	Max Allowed	Your Request
Hours per Day	4 hours		Hours per Day	8 hours	
Fri — Sun	8 hours				
Hours per Week	20 hours		Hours per Week	48 hours	
Start Time	7:00 am		Start Time	5:00 am	
Quitting Time	10:00 pm		Quitting Time	Midnight	
Fri — Sat	Midnight				

Continue to the next page.

- Permit the minor to perform a work duty prohibited for his/her age ([WAC 296-125-030](#))? Yes No

If "Yes", please specify prohibited work to be performed by minor(s):

- | | |
|--|--|
| <input type="checkbox"/> Power-driven woodworking machines | <input type="checkbox"/> Excavation operations |
| <input type="checkbox"/> Occupations involving firefighting and fire suppression duties | <input type="checkbox"/> Roofing operations and all work on or about a roof |
| <input type="checkbox"/> Power-driven metal-forming, punching, and shearing machines | <input type="checkbox"/> Power-driven balers, compactors, and paper processing machines |
| <input type="checkbox"/> Operating power-driven meat processing equipment, including meat and other food slicers in retail and service establishments, and most operations in meat and poultry slaughtering, packing, processing, or rendering. | <input type="checkbox"/> Power-driven circular saws, bandsaws, chainsaws, guillotine shears, wood chippers, and abrasive cutting discs |

List any Personal Protective Equipment (PPE) required, if any. (in addition to boots, gloves, eye protection)

_____	_____
_____	_____
_____	_____
_____	_____

4. On the following page, provide a complete list of equipment that the minor will be trained on.

Employer Signature

_____	_____	_____
Print Name of Employer Representative	Signature of Employer Representative	Date

School Information

_____	_____	_____
Print Name of School in which Student Enrolled	Print Name of School District	Print Name of School Program

_____	_____	_____
Print Name School Contact & Position/Title	Phone Number	Email Address

_____	_____
School Representative Signature	Date



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List only the equipment name, make/model, and type of material that the teen worker will be trained on.

Equipment Name	Make/Model	Type of Material (used on)