



State of New Jersey
Department of Labor and Workforce Development
Division of Wage and Hour Compliance

Instructions for Completing the Theatrical Production Application

Any individual or organization engaging minors (under 18 years of age) in a Theatrical Performance in New Jersey must complete and submit a Theatrical Production Application to the New Jersey Motion Picture & Television Commission (*contact details on the back of these instructions*).

Questions 1 – 8:

1. **Production Company Name** – Type or print legibly the name of production company that is employing minors (under 18 years old) in a theatrical performance in New Jersey. *If this is a student film/production, then provide name of school.*
2. **Address** – Enter the production company’s address, city, state, and ZIP code. This is the address to which notices and the Emergent Theatrical Production Permit will be mailed.
3. **Phone No., Fax No., and Email**
4. **On Site Primary Contact** – Provide the name, title and contact details (phone no., cell no., and email) of an individual who will be on site and has direct knowledge of the production.
5. **On Site Alternate Contact** – Provide the name, title and contact details for an alternate contact who will be on site should the primary contact not be available.
6. **FEIN** (Federal Employer Identification No.) – This is the production company’s **taxpayer identification number**. If production is by an individual, then provide the individual’s SSN (Social Security No.).
7. **Workers’ Compensation Coverage** – All productions that operate in New Jersey must have workers’ compensation insurance. Provide the name of the carrier, policy no., and effective and ending dates. *If this is a student film/production, then provide name of school.*
8. **Owners/Officers** – List the responsible individuals for the production company and each individual’s financial interest in the business. If an individual listed has 0% financial interest in the company, then state zero. If the production company is a publicly traded corporation, then list the corporation’s officers. *If this is a student film/production, proceed to question #9.*

Questions 9 – 12:

9. **Title of Production** – Provide the title of production.
10. **Type** – Check off the type of production (e.g. theatre, film, TV, etc.)
11. **Dates of Production in New Jersey** – List the dates of production taking place in New Jersey.
12. **Location of Production in New Jersey** – Provide the location name and address. *For example: State Theatre, 15 Livingston Ave., New Brunswick NJ 08901*

Questions 13 – 18:

13. **List of Minors** – Provide a list of minors (under 18 years of age) including their name, date of birth, age, address, phone no., name of parent/guardian, and school name and address that minor attends.

IMPORTANT: For any minors 7 years old and under, a **Visual Acuity Test** or **Physician Note** from a licensed physician is required. This documentation must be included with application or provided no later than the first day of work with minor.

14. **Hours of Work for Minors** – Provide a list with the minor’s name, date(s) of production and start and stop times, and work location. (List a work location that was previously provided in question #12 – either the location name or location no.) *Provide a copy of minor’s call sheet/performance schedule.*

15 & Under: No more than 2 performances a day, 8 performances a week, 5 hours daily, 24 hours weekly, 6 days a week (Includes rehearsal time. Combined hours of school and work not to exceed 8 hours daily: 5 hours of rehearsal & performance, 3 hours of rest, meal & education.) **Not to be employed before 7:00 AM or after 11:30 PM.**

16 & 17 years old: No more than 8 hours daily, 40 hours weekly, 6 days a week (Includes rehearsal time. Combined hours on set, on call & performance not to exceed 8 hours daily.) **Not to be employed before 6:00 AM or after 11:30 PM.**

15. **Description of Minor’s Part** – Provide a description of the minor’s part or work that the minor will perform. Describe any stunts or potentially harmful onscreen action and the safety measures taken by production (e.g. minor will be swimming and there will be a lifeguard on duty). *Attach portions of script pertaining to minor’s performance.*
16. **Explosives and Hazards** – If there is use of any explosives, pyrotechnics, sparklers, flammable liquids or other hazards in performance, so indicate. Provide a copy of local permits (e.g. fire permit). Explain where minor is during this time.
17. **Medic/Nurse on Set** – If there will be a medic/nurse on set, provide the individual’s name, title and phone no.
18. **Film Rating** – If production is a motion picture/film, check off the potential rating.

Certification – Review the Certification statement. Sign and date the Certification, print the name and title of the person signing the Certification, and provide an email address.

Submit completed application to the New Jersey Motion Picture & Television Commission.

For questions about completing this application, minors working in New Jersey, or Emergent Theatrical Production Permits, contact either the Division of Wage & Hour Compliance or the Motion Picture & Television Commission.

NJ Dept. of Labor & Workforce Development
Division of Wage & Hour Compliance
PO Box 389
Trenton NJ 08625-0389

P: 609-292-7880
F: 609-984-4174
Email: wage.hour@dol.nj.gov
nj.gov/labor

NJ Dept. of State
Motion Picture & Television Commission
153 Halsey Street - 5th Floor
PO Box 47023
Newark NJ 07101

P: 973-648-6279
F: 973-648-7350
Email: njfilm@sos.nj.gov
nj.gov/state



New Jersey Department of Labor & Workforce Development
Division of Wage & Hour Compliance

c/o NJ Motion Picture & Television Commission

153 Halsey Street - 5th Floor

P: 973-648-6279

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Newark NJ 07101

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Theatrical Production Application

Any individual or organization engaging minors (*under 18 years of age*) in a Theatrical Performance in New Jersey must complete and submit this application to the NJ Motion Picture & Television Commission.

1. _____
Production Company Name *If this is a student film/production, provide school name.*

2. _____
 Address _____ City _____ State _____ ZIP _____

3. _____
 Phone No. _____ Fax No. _____ Email _____

4. _____
On Site Primary Contact _____ Title _____

_____ Contact Phone No. _____ Cell No. _____ Email _____

5. _____
On Site Alternate Contact _____ Title _____

_____ Contact Phone No. _____ Cell No. _____ Email _____

6. **FEIN (Federal Employer Identification No.):** _____
 Or if applicable, SSN (Social Security No.): _____

7. **Workers' Compensation Carrier Name:** _____
If this is a student film/production, provide school name.
 Policy No.: _____ Effective from _____ to _____

8. **Owners/Officers:** List the responsible owners/officers of the production company and each individual's % of financial ownership (*if zero, so state*). Attach additional sheets if necessary. *If this is a student film/production, proceed to question #9.*

1) _____
 First Name _____ Last Name _____ Title _____ SSN _____ % financial interest _____

_____ Home Address _____ City _____ State _____ ZIP _____

2) _____
 First Name _____ Last Name _____ Title _____ SSN _____ % financial interest _____

_____ Home Address _____ City _____ State _____ ZIP _____

Production Company: _____

9. **Title of Production:** _____

10. Type:	Theatrical (<i>stage production</i>)	Television/Series	Digital Media (<i>blog, YouTube, phone app</i>)
	Motion Picture	Commercial	Student Film
	Community Production	Still Photo Shoot	Other _____

11. **Dates of Production in New Jersey:** _____

12. Location of Production in New Jersey <i>For example: State Theatre NJ</i>	Street Address <i>15 Livingston Ave.</i>	City <i>New Brunswick</i>	ZIP <i>08901</i>
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- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

13. Minors: List the minor's name, date of birth, age, address, phone no., name of school and address that minor attends, and name of parent/guardian. *Attach additional sheets if necessary.*

IMPORTANT: For any minors 7 years old and under, a **Visual Acuity Test** or **Physician Note** from a licensed physician is required and must be:

- Attached to this application
- Requested from parent, to be emailed/faxed before date of filming
- Provided no later than the first day of work with minor

1) _____

Minor First Name	Last Name	MI	Date of Birth	Age
Address		City	State	ZIP
School Name (<i>that minor attends</i>)		Address		
Parent/Guardian Name			Phone No.	

2) _____

Minor First Name	Last Name	MI	Date of Birth	Age
Address		City	State	ZIP
School Name (<i>that minor attends</i>)		Address		
Parent/Guardian Name			Phone No.	

13. Continued - List of Minors

3) _____

Minor First Name	Last Name	MI	Date of Birth	Age
_____	_____	_____	_____	_____
Address	City		State	ZIP
School Name (<i>that minor attends</i>)		Address		
Parent/Guardian Name			Phone No.	

4) _____

Minor First Name	Last Name	MI	Date of Birth	Age
_____	_____	_____	_____	_____
Address	City		State	ZIP
School Name (<i>that minor attends</i>)		Address		
Parent/Guardian Name			Phone No.	

5) _____

Minor First Name	Last Name	MI	Date of Birth	Age
_____	_____	_____	_____	_____
Address	City		State	ZIP
School Name (<i>that minor attends</i>)		Address _		
Parent/Guardian Name			Phone No.	

6) _____

Minor First Name	Last Name	MI	Date of Birth	Age
_____	_____	_____	_____	_____
Address	City		State	ZIP
School Name (<i>that minor attends</i>)		Address		
Parent/Guardian Name			Phone No.	

Production Company: _____

14. Hours of Work for Minors: List the minor's name, date(s) scheduled to work and start & stop times, and location. (List a location that was previously provided in item #12 – either the location name or location no.)
Provide a copy of minor's call sheet/performance schedule.

15 & Under: No more than 2 performances a day, 8 performances a week, 5 hours daily, 24 hours weekly, 6 days a week (Includes rehearsal time. Combined hours of school and work not to exceed 8 hours daily: 5 hours of rehearsal & performance, 3 hours of rest, meal & education.) **Not to be employed before 7:00 AM or after 11:30 PM.**

16 & 17 years old: No more than 8 hours daily, 40 hours weekly, 6 days a week (Includes rehearsal time. Combined hours on set, on call & performance not to exceed 8 hours daily.) **Not to be employed before 6:00 AM or after 11:30 PM.**

Name of Minor	Date	Start Time	Stop Time	Location
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- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

15. Describe the minor's part or work that the minor will perform. Describe any stunts or potentially harmful onscreen action and the safety measures taken by production (e.g. minor will be swimming and there will be a lifeguard on duty). *Attach portions of script pertaining to minor's performance.*

16. Is there use of any explosives, pyrotechnics, sparklers, flammable liquids or other hazards in performance? Yes No
If yes, provide copy of local permits. Where is minor during this time? _____

17. Will a medic/nurse be present on set? Yes No **If Yes, provide Name, Title & Phone No.:** _____

18. If the production is a motion picture/film, what is the potential rating?
G: General Audiences PG-13: Parents Strongly Cautioned Other: _____
PG: Parental Guidance Suggested R: Restricted

Certification: I hereby certify, as a representative of the production company named above and on behalf of the production company named above, for whom this application is submitted, that it is understood that the receipt of any Emergent Theatrical Production Permit is fully conditioned on the compliance of the production company with all applicable state and federal laws, including New Jersey Child Labor Laws N.J.S.A. 34:2-21.1 et seq. and N.J.S.A. 34:2-21-57 et seq., and all related laws, statutes, rules and regulations.

Signature of Production Co. Representative

Date

Print Name and Title

Email