

**Mail Completed Application to:**  
 Department of Labor and Industries  
 Employment Standards Program  
 PO Box 44510  
 Olympia WA 98504-4510  
 Phone: (360) 902-5316 - FAX: (360) 902-5300  
 Email: [teensafety@Lni.wa.gov](mailto:teensafety@Lni.wa.gov)  
[www.TeenWorkers.Lni.wa.gov](http://www.TeenWorkers.Lni.wa.gov)



# Variance Application

**For Exception from the specific rules governing employment of minors**

**Employers must have a current minor work permit to request a variance. Your business will receive an Approved Variance letter by email if this application is approved.**

[WAC 296-131-140, Variances](#) – Agricultural Employment, and [WAC 296-125-0600, Variances](#) – Non-Agricultural Employment, provides that the Department of Labor and Industries may grant an employer a variance from specific rules. **The employer must show good cause as defined in the regulations in order to be granted a variance.** The affected minor employees, school (if in session) and parent or legal guardian must be advised of the requested variance, and the required Parent/School Authorization form must include the proposed exceptions.

The department will review the following information in consideration of granting the requested variance. **In order for us to process this application, it must be completed in full.**

**UBI Number for this business location:**

9-digit Unified Business Identifier (UBI)

4-digit Location ID

Business Name

Mailing Address

City

State

Zip+4

Location Address

City

State

Zip+4

Point of Contact

Email Address

Phone Number

Fax Number

Name(s) of Minor(s) Affected

Address

Date of Birth (mo/day/yr)

Section(s) of minor work rules for which variance is requested. **(List regulation number and title.)**

WAC 296- \_\_\_\_\_ - \_\_\_\_\_ Title: \_\_\_\_\_

WAC 296- \_\_\_\_\_ - \_\_\_\_\_ Title: \_\_\_\_\_

Proposed alternative to rule. Please describe what you want minor(s) to do, e.g., work more hours, total number of hours per day and week, etc.

Reason(s) and circumstances specified along with any information necessary to support your request, e.g., demonstration of good cause.

Date \_\_\_\_\_ Printed Name and Title \_\_\_\_\_ Signature of Employer Representative \_\_\_\_\_

Date of variance request: Start \_\_\_\_\_ - End \_\_\_\_\_

**Note:** The Department of Labor and Industries will not approve a variance that conflicts with Federal Child Labor Laws. If you have questions regarding coverage under federal law, please call the U. S. Department of Labor toll-free at (866) 487-9243.