

**APPLICATION FOR EXEMPTION  
FROM PROVISIONS OF THE INDUSTRIAL WELFARE COMMISSION ORDER**

Please complete the information requested below and return the original form and one (1) copy to the above address.

Requester's name: \_\_\_\_\_  
Individual/Firm name

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_, CA \_\_\_\_\_  
City Zip Code

Request exemption from Industrial Welfare Commissioner Order No. \_\_\_\_\_, Section(s) \_\_\_\_\_  
and provide the following information in support of this request:

- Type of Business: \_\_\_\_\_
- Total Number of Employees: \_\_\_\_\_
- Number of employees for whom exemption is requested: \_\_\_\_\_
- Occupation(s) for which exemption is requested: \_\_\_\_\_
- Length of period for exemption: \_\_\_\_\_
- Explain nature of exemption and provide **in detail** the necessity for exemption which must include:
  - How the exemption will not materially affect the welfare or comfort of the employees; and,
  - How it will work an undue hardship on business, if not approved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Requester Name (printed) and Title or Position

\_\_\_ NEW  
\_\_\_ Renewal

\_\_\_\_\_  
Signature of Requester

**POST IN CONSPICUOUS PLACE**  
(Remove When Permit for Exemption is Received)