

# WEST VIRGINIA DIVISION OF LABOR

1900 Kanawha Boulevard East - State Capitol Complex – Building 3, Room 200 - Charleston, WV 25305

Email Address: [WageandHour@wv.gov](mailto:WageandHour@wv.gov) - Fax: (304)558-3797 - Telephone: (304)558-7890 - Website: [labor.wv.gov](http://labor.wv.gov)



## AGE CERTIFICATE FOR A SIXTEEN (16) OR SEVENTEEN (17) YEAR OLD MINOR

Authorized by W. Va. Code §21-6-3, §21-6-5

I, \_\_\_\_\_, am the Superintendent of Schools or Authorized Person  
County Superintendent of Schools or Authorized Person

appointed by the Superintendent of Schools or A Person authorized to issue education credentials pursuant to §18-8-12  
for \_\_\_\_\_ County. I have received a request from: \_\_\_\_\_

\_\_\_\_\_  
Name and Address of Minor's Employer or Prospective Employer

for evidence of \_\_\_\_\_'s age. The minor's employer or prospective  
Full Legal Name of Minor

employer is engaged in \_\_\_\_\_ and describes the minor's  
Description of Employer's Business

work or intended work as: \_\_\_\_\_  
Description of Minor's Work

I have reviewed the Minor's Certified Birth Certificate or Certified Copy of the Birth Certificate as proof of the  
minor's age and I certify that \_\_\_\_\_ is \_\_\_\_\_ years old,  
Full Legal Name of Minor

and was born on \_\_\_\_\_ in \_\_\_\_\_  
Date of Birth Minor's Town or City and State of Birth

\_\_\_\_\_  
Full Legal Name of Minor

\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Minor's Complete Mailing Address

\_\_\_\_\_  
Signature of Superintendent of Schools or Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address, Email Address, and Telephone Number of County Superintendent of Schools, Authorized Person or Issuing Administrator

Email a copy to the West Virginia Division of Labor at [WageandHour@wv.gov](mailto:WageandHour@wv.gov) and provide a copy to the Minor and the Minor's Employer.

**The original is retained by the Superintendent of Schools, Authorized Person or Issuing Administrator.**