

APPENDIX "B"
APPLICATION FOR ACTRA WORK PERMIT: COMMERCIALS ONLY

NOTE: To be completed by all performers on every engagement in ACTRA jurisdiction. Please print and complete in full.

Professional Name _____

Citizenship _____

Legal Name _____

Agent's Company Name _____ Telephone No. _____

Name of Talent Agent _____ Cheques to be sent: Home _____ Agent _____

Apartment #, Street Number, and Street Name

City Province Postal Code Country Telephone No.

Date of Birth ____/____/____ Male ____ Female ____ SIN _____
Day Month Year Social Insurance No.

ACTRA Apprentice Member: No ____ Yes ____ Apprentice No. _____

Equity Member: No ____ Yes ____

Name of Adhered Engager (Advertising Agency) _____

Tel. No. _____

Name of Advertiser _____

Product _____

Production House _____ Tel. No. _____

Description of Role of Character Being Cast _____

Number of ACTRA Members and Apprentice Members Auditioned _____ List Names:

Number of Commercials _____ T.V. _____ Radio _____

Category of Performance _____ Date of Production _____

Location _____

Time of Shoot _____ A.M. _____ P.M.

Work Permit Fee \$ _____

Method of Payment: Visa ____ MasterCard ____ Interac ____ Cheque ____ Cash ____

Signature of Engager/Representative Signature of Applicant

Note: In the event of a dispute, ACTRA has the right to appeal to the Joint Standing Committee should ACTRA consider that an Engager has improperly exercised Sections 7 and 8 of the National Commercial Agreement.

FOR OFFICE USE ONLY

Date Received _____ Approved/Denied by _____

Reason for Denial _____