



APPLICATION FOR WORK PERMIT: to be completed at least 48 hours prior to work (A701)
ACTRA Toronto Fax 416-928-2026

INDEPENDENT & BROADCAST

FORM MUST BE COMPLETED IN FULL. PLEASE PRINT.

Professional Name: _____ Citizenship: _____
 Legal Name: _____ (If non resident, attach resume and photo.)
 Home Address: _____ Home Telephone: _____

_____ Apt/Suite # _____ Street Number and Street _____
 _____ City _____ Province _____ Postal Code _____ Country _____ (Area Code) Telephone Number _____

Agent's Company Name: _____

Date of Birth: (Day/Month/Year) _____ If Minor, please list age and name of Guardian: _____

Male Female: SIN # _____ SAG Member: No Yes
 Apprentice Member: No Yes Apprentice Member #: _____ EQUITY Member: No Yes

AGREEMENT:	IPA <input type="checkbox"/>	CBC-TV <input type="checkbox"/>	CTV <input type="checkbox"/>	CITY-TV <input type="checkbox"/>
	TIP <input type="checkbox"/>	CBC-RADIO <input type="checkbox"/>	AUDIO CODE <input type="checkbox"/>	OTHER (SPECIFY): <input type="checkbox"/>

Production Title: _____

Name Of Production Company/Adhered Engager: _____

Address: _____ Production Company Phone # _____

Shoot Dates: _____ Total Shoot Days: _____

Additional week on an existing engagement? No Yes

Single Production Series If Series, Episode #: _____ Episode Name: _____

Performance Category: _____ Character Name: _____

Number of ACTRA Members/Apprentice Members Auditioned: _____ . List Names: _____

WORK PERMIT FEE: _____ Method of Payment: Visa Mastercard Interac Cheque Cash

Card Holder _____

Card # _____ Expiry Date: _____

Signature of Engager/Representative: _____ Signature of Applicant: _____

Engagements resulting from this permit are subject to all terms and conditions of agreements between ACTRA and engager organizations. Any information provided that is deliberately false or misleading will result in a grievance against the production and/or sanctions against the applicant.

FOR OFFICE USE:	
PRODUCTION ID# _____	ENGAGER #: _____
IF A NON-RESIDENT PERMIT, WHY IS THIS PERMIT BEING GRANTED?	
<input type="checkbox"/> Attached to production due to financing/network	IF APPRENTICE PERMIT:
<input type="checkbox"/> Continuing or returning character	Is this a stunt performance? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Recognizable star/cameo	Is this their first permit? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Visibility in other field (i.e. dance or music)	
<input type="checkbox"/> Auditioned Canadians, chose non-resident	Resume attached for non-resident? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Accent or minority consideration	Number of days for non-resident role _____
<input type="checkbox"/> Physical or special skill	Work Permit # _____
<input type="checkbox"/> Other (specify) _____	Date: _____
Date Received: _____	Approved/Denied By: _____
Reason For Denial: _____	