

Foreign Worker Program of Service Canada 604.666.7731

WORK PERMIT REQUEST	
Production Company:	
Production Title:	
Episode Title: Num if applicable	ber:
Validation Dates: From: To:	
Applicant's Full Legal Name:	
Applicant's Stage Name: Social	al Security #:
Citizenship: Place of Birth:	Date of Birth:
Performance Category: Char	acter Name:
Applicant's Home Address:	S. Citizen living in the U.S.
Ot	her:
Tel #	:
Port of Entry into Canada: Contr	act: UBCP SAG/AFTRA
Special physical characteristics or ability required for role:	
Names of Canadians Auditioned:	
If no Canadians were auditioned an explanation letter. must be attached for permit to be approved.	
Requested By:	Fax #:
Title:	Tel #:
UBCP/ACTRA confirms that the work to be performed by the above noted individual is subject to a collective agreement. A Union Representative, by signing and approving this Work Permit Application Form, is taking no objection to the individual working as outlined above.	
Working restrictions:	
Approved By: Union Representative for UBCP/ACTRA	Date:

The Union of British Columbia Performers (UBCP/ACTRA) is an autonomous branch of ACTRA (Alliance of Canadian Cinema, Television and Radio Artists), the national organization of professional performers working in the English-language recorded media in Canada. ACTRA represents the interests of 22,000 members across Canada - the foundation of Canada's highly acclaimed professional performing community.