

# ACTRA

# APPLICATION FOR WORK PERMIT

## ALL PRODUCTIONS EXCEPT COMMERCIALS

The Independent Production Agreement & Broadcast Agreements require Producers/Engagers to provide preference of audition and engagement to ACTRA members. If a Producer/Engager has made reasonable efforts to comply and has established that a person who is not a member of ACTRA is required for a Production, an application for a work permit must be made to the local ACTRA office. Where ACTRA is satisfied that the requirements for a work permit under the Independent Production Agreement & Broadcast Agreements have been satisfied, a work permit may be issued. All Canadian non-member Performers, who qualify above, will be issued up to three (3) work permits. ACTRA invites performers to join ACTRA as Apprentice members with the first qualifying or subsequent two qualifying permits. Additional work permits will only be granted under exceptional circumstances by the ACTRA Branch/Local and pursuant to the ACTRA Constitution and By-laws.

**APPLICANT** Permit application must be received by local office at least 48hrs prior to session. Please send fully completed and signed application to:

Newfoundland & Labrador: newfoundland@actra.ca  
 Montreal: montreal@actra.ca  
 Ottawa: ottawa@actra.ca  
 Toronto: toronto@actra.ca  
 Manitoba: manitoba@actra.ca  
 Saskatchewan: saskatchewan@actra.ca  
 ipapermits@actratontario.com

Professional Name \_\_\_\_\_ Citizenship \_\_\_\_\_ (If non-resident, attach resume and photo.)  
 Legal Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_ SIN # (REQUIRED) \_\_\_\_\_  
 Agent's Company Name \_\_\_\_\_ Agent's Email \_\_\_\_\_  
 Date of Birth (day/month/year) \_\_\_\_\_ If Minor, name of Guardian \_\_\_\_\_  
 Gender (Specify) \_\_\_\_\_ Pronouns \_\_\_\_\_ SAG-AFTRA No Yes  
 Apprentice Member? No Yes Apprentice Member # \_\_\_\_\_ EQUITY No Yes

### PRODUCTION

Please select to join ACTRA Membership (if eligible)

UDA No Yes

Agreement IPA CBC - TV CTV UBISOFT CIPIP WiP AIP  
 Audio Code CBC - RADIO LBG CITY-TV OTHER Specify: \_\_\_\_\_

Production Title \_\_\_\_\_  
 Production Company/Adhered Engager Name \_\_\_\_\_  
 Shoot Dates \_\_\_\_\_ Total number of weeks/days \_\_\_\_\_  
 Additional week on an existing engagement? No Yes Single Production Series  
 If Series, Episode Name \_\_\_\_\_ Episode # \_\_\_\_\_  
 Performance Category \_\_\_\_\_ Character Name/Description \_\_\_\_\_  
 Number of ACTRA Members/Apprentice Members Auditioned \_\_\_\_\_ Names \_\_\_\_\_

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

**PAYMENT** Permit applications are not processed prior to payment. Please contact local branch for available payment options.

Permit Fee \_\_\_\_\_ Paid by: Performer Agent Production Deduct at Source Other (specify) \_\_\_\_\_  
 Method of Payment: Visa Mastercard Amex Interac Cash Cheque EMT  
 Receipt sent via Email Only Email Address \_\_\_\_\_  
 Credit Cardholder's Name \_\_\_\_\_  
 Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_ CVV \_\_\_\_\_  
 Cardholder Signature \_\_\_\_\_

### FOR OFFICE USE

Production ID # \_\_\_\_\_ Engager ID # \_\_\_\_\_  
 If a non-resident permit, why is this permit being granted?  
 Attached to production due to financing/network  
 Continuing or returning character  
 Recognizable Star/Cameo  
 Visibility in other field (i.e. dance or music)  
 Auditioned Canadians, chose non-resident  
 Accent, dialect/language, or cultural authenticity consideration  
 Physical or Special Skill  
 Other (specify) \_\_\_\_\_  
 Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Approved/Denied By: \_\_\_\_\_  
 Reason For Denial \_\_\_\_\_  
 If an Apprentice permit:  
 Is this a stunt performance? Yes No  
 Is this a first permit? Yes No   
 Resume attached for non-resident? Yes No  
 Number of days for non-resident role \_\_\_\_\_  
 Qualifying: Yes No  
 Work Permit # \_\_\_\_\_  
 Date Processed: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_