



# Commercial Work Permit Application

Print Form

1. An Application for a Work Permit is to be completed at least 48 hours prior to work (A801).
2. Complete the Application in full. Please print clearly.
3. Return completed applications to: ACTRA Toronto, 625 Church Street, 1st and 2nd Floors, Toronto, Ontario M4Y 2G1  
Telephone: 416.928.2278 Toll-free: 1.877.913.2278 Fax: 416.928.2852

Professional Name: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

(City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_ (Country) \_\_\_\_\_

Agency: \_\_\_\_\_ Agent Name : \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Date of Birth: (Day/Month/Year): \_\_\_\_\_ Male  Female  SIN #: \_\_\_\_\_

Apprentice Member: No  Yes  Apprentice Member #: \_\_\_\_\_

EQUITY Member: No  Yes  SAG Member: No  Yes

Name of Adhered Engager (Ad Agency): \_\_\_\_\_

Name of Advertiser: \_\_\_\_\_

Production House: \_\_\_\_\_

Commercial Name: \_\_\_\_\_

Character Name: \_\_\_\_\_

Number of ACTRA Members/Apprentice Members Auditioned: \_\_\_\_\_ . List Names: \_\_\_\_\_

T.V.  Radio  New Media  Number of Commercials: \_\_\_\_\_ Performance Category: \_\_\_\_\_

Production/Session Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time of Shoot: \_\_\_\_\_

Work Permit Fee: \_\_\_\_\_ Payment Method: Mastercard  Visa  Interac  Cheque  Cash

Card Holder Name: \_\_\_\_\_

Card #: : \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Note: Permit will not be processed without payment.

Signature of Engager/Representative: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

FOR OFFICE USE:	
Engager ID#: _____	Commercial ID#: _____
Date Received: _____	Approved/Denied By: _____
Reason for Denial: _____	
Work Permit#: _____	Date: _____