



# Application for Work Permit National Commercial Agreement

Rev. 11.06.18

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. Print clearly.
3. Submit completed permit forms as follows:

**DELIVERY OR MAIL:**  
Commercial Dept, Suite 200  
ACTRA Toronto, 625 Church Street  
Toronto, Ontario M4Y 2G1

**EMAIL:**  
[commercialpermits@actratoronto.com](mailto:commercialpermits@actratoronto.com)  
**FAX:** 416.928.2852 **TEL:** 416.928.2278  
**TOLL-FREE:** 1.877.913.2278

## 1. APPLICANT

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

## 2. PRODUCTION

Adhered Engager (Ad Agency) \_\_\_\_\_  
 Advertiser (Client) \_\_\_\_\_  
 Production House \_\_\_\_\_  
 Commercial Name \_\_\_\_\_  
 Character Name/Description \_\_\_\_\_  
 Number of ACTRA Members/Apprentices Auditioned \_\_\_\_\_ Names \_\_\_\_\_  
 Performance Category \_\_\_\_\_ TV  Radio  Digital Media  Number of Commercials \_\_\_\_\_  
 Production/Session Date \_\_\_\_\_ City/Location \_\_\_\_\_

## 3. SIGNATURE

Applicant/Engager/Representative \_\_\_\_\_

**Permit applications are NOT processed without payment.**

## 4. PAYMENT

Work Permit Fee \_\_\_\_\_ Paid By: Performer  Agent  Production  Other   
 Method Of Payment: Visa  Mastercard  Amex  Interac  Cheque  Cash  EMT

**RECEIPT SENT VIA EMAIL ONLY** Email Address: \_\_\_\_\_

Name of Credit Card Holder \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

### For Office Use:

Engager ID # \_\_\_\_\_ Commercial ID # \_\_\_\_\_

Date Approved \_\_\_\_\_ Date Processed \_\_\_\_\_

Approved/Denied By \_\_\_\_\_ Qualifying: No  Yes

Work Permit # \_\_\_\_\_

Reason for Denial \_\_\_\_\_