



APPLICATION FOR WORK PERMIT FILM TELEVISION & DIGITAL MEDIA

Rev. 02.24.21

APPLICANT Please send fully completed and signed application to ipapermits@actratontoronto.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 _____

Date of Birth (day/month/year) _____ If Minor, name of Guardian _____

Gender: Male Female Other (Specify) _____ Pronouns: He/Him She/Her They/Them SAG-AFTRA No Yes

Apprentice Member? No Yes Apprentice Member # _____ EQUITY No Yes

PRODUCTION UDA No Yes

Agreement _____ IPA _____ LBG _____ WIP _____ UBISOFT _____

Audio Code _____ 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.

Permit Fee _____ Paid by: Performer Agent Production 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 # _____

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 or minority consideration Physical or special skill

Other (specify) _____

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: _____

Approved: Yes No: Approved/Denied By: _____

Reason For Denial _____