

Date received:

Date footage requested (if required):

PERFORMER UPGRADE REQUEST FORM

Submission of the Performer Upgrade Request Form is within 30 days as per IPA Article A1001 (d)-"The Performer must advise ACTRA within thirty (30) days of the date on which the Performer becomes aware or ought to have become aware of the act or omission..."

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Performer Name:	ACTRA Member #:
Agency (if any):	
Production Name:	Episode #:
Date(s) of Work:	Scene #:
Original Category of Work: Background Performer Speci	al Skill Photo Double Actor
Did you mark Disagree on your voucher? Yes No	
Category of Upgrade request (choose one): Principal Ac	tor Special Skill Risk Dubbing
Dubbing Line:	
Date Sent to ACTRA: Please provide answers to all of the following questions below: (if you need to provide more detail, please put it in the body of your email) 1. What you were asked to do on your day of work?	
2. Who else was with you in the scene?	
3. How did your action or reaction go beyond the normal duties of your work category?	
4. How many takes did you do? did you do/say the same thing in each take?	
5. Who requested you to do the additional work?	
6. Please include a description of your costume:	
Please include a recent headshot and a copy of your voucher(s). Please note that Upgrade requests will be dealt with through A21 & C405 of the IPA.	
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