

Application for Work Permit National Commercial Agreement

The National Commercial Agreement requires 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 National Commercial Agreement 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.

1. An Application for a Work Permit is to be completed at least 2 business days prior to the session.
2. **Complete the Application in full. Print clearly.**
3. Email submission of completed permit forms to the applicable ACTRA branch.

Newfoundland & Labrador	newfoundland@actra.ca
Montreal	montreal@actra.ca
Ottawa	ottawa@actra.ca
Toronto	commercialpermits@actratoronto.com
Manitoba	manitoba@actra.ca
Saskatchewan	saskatchewan@actra.ca
UBCP/ACTRA	commercial-email@ubcpactra.ca

1. APPLICANT

Professional Name: _____ Citizenship: _____ *(If non-resident, 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: _____

Gender (Specify): _____ Pronouns: _____ SIN # (REQUIRED): _____ SAG-AFTRA No Yes

Apprentice Member: No Yes Apprentice Member #: _____ EQUITY No Yes

Please select to join ACTRA Membership (if eligible) UDA No Yes

2. PRODUCTION

Adhered Engager (Ad Agency): _____

Advertiser (Sponsor): _____ Product: _____

Production House: _____

Commercial Name: _____

Character Name/Description: _____

Number of ACTRA Members/Apprentices Auditioned: _____ Names: _____

Performance Category: _____ TV Radio Digital Media L&R AOPP Number of Commercials: _____

Production/Session Date: _____ City/Location: _____

3. SIGNATURE

Applicant/Engager/Representative: _____

Permit applications are NOT processed without payment. Please contact local branch for available payment options.

4. PAYMENT

Work Permit Fee: _____ Paid By: Performer Agent Production Deduct at Source Other

Method Of Payment: Visa Mastercard 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: _____ Approved/Denied By: _____ Qualifying: Yes No

Reason for Denial: _____ Work Permit #: _____