



WORK PERMIT APPLICATION FORM

I hereby make application for a work permit from the International Cinematographers Guild, Local 669 (“ICG 669”). I authorize ICG 669 to negotiate, bargain collectively, present and discuss grievances with my Employer, as my representative and as my sole and exclusive Collective Bargaining agency. I shall abide by the Constitution, By-Laws, Decisions, Rules, Regulations and Working Conditions of ICG 669. I base my application on the following facts that I affirm to be true:

Name _____ Date of Birth _____ / _____ / _____
(dd/mm/yyyy)

Address _____
Street City Province/State Postal/ZIP Code

Social Insurance Number (last 4 digits) _____ Social Security Number (last 4 digits) _____

Email _____ Phone Number _____

Position _____ Union Affiliation(s) _____

Production Company _____

Production Title _____

For the period From _____ / _____ / _____ To _____ / _____ / _____
(dd/mm/yyyy) (dd/mm/yyyy)

The Article of the Collective Agreement under which this permit is applied for is (*check one*):

- 3.02** **3.03** (choose all applicable): **3.05** **3.06**
- 3.03 (a)
 - 3.03(b)(i)
 - 3.03(b)(ii)
 - 3.03(c)
 - 3.03(d)

In making this application, I authorize the employer to deduct from my gross wages and pay to ICG 669 fees and dues in accordance with the prevailing practice for members of ICG 669.

Note: *You are not required to pay dues if you are already covered under an IATSE Local 600 Agreement. If this is the case, you must place a checkmark in the following box:*

I hereby consent to the payroll companies collecting and disclosing my personal and payroll information, contact information and Social Insurance Number to ICG 669 and that ICG 669 may collect, use and retain this information for the purposes of administering the Collective Agreement.

Signature of Applicant _____ Dated _____