



Motion Picture Studio Production Technicians
Local 849 of the I.A.T.S.E.

Application for Transfer

(All sections of this form must be completed)

Name:		Birth Date: month day year		
Address:		Cell Phone:		
City:		Phone:		
Province:	Postal Code:	E-mail:		
List Union & Guild Affiliations in full:		S.I.N.: or include a copy of you VISA/Landed Immigrant Status		
Length of Residency in Maritime Provinces (immediately prior to applying):				
Do you have a valid Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Province: Class:
Do you own or have easy access to a vehicle?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Job Category(ies) Requested (you must meet the criteria & hour requirements for all departments selected):				
<input type="checkbox"/> Animal Wrangler	<input type="checkbox"/> Greens	<input type="checkbox"/> Make-Up	<input type="checkbox"/> Script Supervision	<input type="checkbox"/> Special Effects
<input type="checkbox"/> Costumes	<input type="checkbox"/> Grip	<input type="checkbox"/> Marine	<input type="checkbox"/> Set Construction	<input type="checkbox"/> Transportation
<input type="checkbox"/> Craft Service	<input type="checkbox"/> Hair	<input type="checkbox"/> Props	<input type="checkbox"/> Set Decoration	
<input type="checkbox"/> Diving	<input type="checkbox"/> Lighting	<input type="checkbox"/> Scenic Paint	<input type="checkbox"/> Sound	
In addition to these departments you've chosen, would you like to be added to the General Labour listing?				YES <input type="checkbox"/> NO <input type="checkbox"/>

Please provide two Emergency Contacts:	
Name:	Name:
Phone:	Phone:

The following items must be accompany this application form:		office use only
1	A current copy of your resume	Received? <input type="checkbox"/>
2	Proof of completion of a recognized WHMIS course	Received? <input type="checkbox"/>
3	Copies of all other applicable licenses and/or certificates pertaining to the departments you have chosen (These can be found at www.iatse849.com/membership/transfers)	Received? <input type="checkbox"/>
4	Proof of a completed Set Etiquette Course * <i>* If you have taken a course through another organization or IATSE Local or do not have proof of having taken a Set Etiquette Course you have the option to complete a form to request a modification of the requirement for the Executive Board to review. You can complete the form after submitting your application here: www.iatse849.com/training/set-etiquette-waiver-form</i>	Received? <input type="checkbox"/> Date Completed
5	A valid piece of photo ID	Received? <input type="checkbox"/>
6	Proof of minimum 6 month residency as specified at www.iatse849.com/membership/transfers	Received? <input type="checkbox"/>

IN APPLYING FOR MEMBERSHIP WITH IATSE LOCAL 849, I ACKNOWLEDGE THE FOLLOWING:

- That I have read and understand the information included above and on the website: www.iatse849.com/membership/transfers
- That while Local 849 will make best efforts to offer a Set Etiquette Workshop in a timely manner, there may be an indeterminate waiting period before the workshop is made available, depending upon availability of instructors and participants.
- That all of the materials submitted along with the information provided on this form is true and was not falsified in any way
- That applying for membership with IATSE Local 849 does not guarantee work of any kind

_____ _____
Signature of Applicant Date

Please mail or e-mail photos or scans of completed forms and accompanying documents to:
admin@iatse849.com | 617 Windmill Road, 2nd Floor, Dartmouth, Nova Scotia, B3B 1B6 | Phone: 902.425.2739

(office use only) Date Submitted: month day year
