



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

WORK PERMIT

(All sections of this form must be completed)

Name of Permittee:		Phone:	
Address:		E-mail:	
City:	Province:	Postal Code:	
Is this permittee a member of any other Local/s of the I.A.T.S.E.?		YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
		List Local/s:	
<p>I, <u> name of permittee </u> agree to abide by the terms and conditions of the Collective Agreement between <u> name of production company </u> and Local 849 of the I.A.T.S.E. and abide by the Constitution and By-Laws of Local 849 while I am permitted to work within its jurisdiction.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Signature of Permittee</i> _____ <i>Date</i></p>			

A completed Deal Memo and Permittee's resume must accompany this Work Permit Application.

TO BE COMPLETED BY THE PRODUCTION COMPANY			
Production Company:			
Production Title:			Type of Hire: WEEKLY: <input type="checkbox"/> DAILY: <input type="checkbox"/>
Estimated Start/End Dates: month day year to month day year			
Job Title:			
Name of Key:			
Reason for Permit:			
_____			_____
<i>Signature of Producer / Line Producer / Production Manager</i>			<i>Date</i>

TO BE COMPLETED BY IATSE LOCAL 849	
Approved: <input type="checkbox"/>	Not Approved: <input type="checkbox"/>
Comments: _____ _____	
_____	_____
<i>Signature of IATSE Local 849 Business Agent</i>	<i>Date</i>

Please forward completed form to: admin@iatse849.com
617 Windmill Road, 2nd Floor, Dartmouth, Nova Scotia, B3B 1B6 | Phone: 902.425.2739