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: ☐ NO: ☐		List Local/s:

I, _____ name of permittee _____ agree to abide by the terms and conditions of the Collective Agreement between _____ name of production company _____ 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.

_____ *Signature of Permitee*

_____ *Date*

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

TO BE COMPLETED BY THE PRODUCTION COMPANY

Production Company:

Production Title:

Type of Hire:

Estimated Start/End Dates: month day year to month day year

WEEKLY: ☐

Job Title:

DAILY: ☐

Name of Key:

Reason for Permit:

_____ *Signature of Producer / Line Producer / Production Manager*

_____ *Date*

TO BE COMPLETED BY IATSE LOCAL 849

Approved: ☐ Not Approved: ☐

Comments: _____

_____ *Signature of IATSE Local 849 Business Agent*

_____ *Date*

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

Revised: April 2021