



FOR OFFICE USE ONLY:

- APPLICATION
- BUDGET
- SCRIPT
- CAST LIST
- CREW LIST

- AOS
- WORKSAFE
- MINORS
- TRAVEL

**STUNTS**

- STC/STP
- STC RESUME
- DESCRIPTION
- CGL

**NUDITY**

- NUDITY
- SEMI-NUDITY
- SIM.SEX.ACT.
- INTIMATE SC.
- RIDER

- AGREEMENT
- PERFORMER FORMS
- FINAL CAST LIST
- GENDER & DIVERSITY:
  - AMS
  - E-BOARD

**MEMBER PRODUCED ULTRA-LOW BUDGET APPLICATION FORM**

FEATURE  SHORT FILM  WEB SERIES  OTHER \_\_\_\_\_

PRODUCTION TITLE:

PRODUCTION COMPANY:

ADDRESS:

PHONE #:

FAX #:

EMAIL:

SHOOT DATES: START:

END:

PRODUCER:

DIRECTOR:

PRODUCER UNION MEMBER #:

PRODUCTION LENGTH (minutes):

INTENDED USE:

TOTAL PRODUCTION CASH COSTS : \$ \_\_\_\_\_

Please attach a copy of the budget which declares all **cash payments and donations**. All "in kind" donations do not form part of the total production cash cost but the known or estimated value of the donations are to be noted in a separate column on the budget.

PRE-SALES / DISTRIBUTION:

FUNDING SOURCES:

ALL CAST MEMBERS ARE CANADIAN CITIZENS OR HAVE LANDED IMMIGRANT STATUS: YES  NO

SHOOTING LOCATION:

PERFORMERS REQUIRED TO STAY OVERNIGHT AT DISTANT LOCATON: YES  NO

NUMBER OF SCHEDULED STUNT DAYS:

STUNT COORDINATOR:

Productions with Stunts are required to obtain Commercial General Liability Insurance as per Schedule A. Please attach a copy of the certificate.

NUDITY/SEMI-NUDITY SCENES: YES  NO  SIMULATED SEXUAL ACTIVITY: YES  NO

If yes, please list Performers involved:

MINORS: YES  NO

If yes, please list names and age:

PLEASE ATTACH THE FOLLOWING: SCRIPT  CAST LIST  CREW LIST  BUDGET

I, \_\_\_\_\_ DECLARE THE ABOVE INFORMATION TO BE TRUE AND ACCURATE

COMMENTS & QUESTIONS: