



# IATSE LOCAL 891

International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada · British Columbia & Yukon

## IATSE LOCAL 891 APPLICATION FOR TEMPORARY PERMIT

I hereby make application for a work permit from Local 891 of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada. I have authorized, designated and chosen said labour organization to negotiate, bargain collectively, present and discuss grievances with my Employer, as my representative and my sole and exclusive collective bargaining agency, and I do hereby confirm the same in all respects. I shall abide by the Constitution, By-laws, decisions, rules, regulations and working conditions of Local 891 and of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada. I base my application for a work permit on the following facts, which I affirm to be true:

I \_\_\_\_\_, was born on \_\_\_\_\_, of \_\_\_\_\_, 19\_\_\_\_  
(Name) (Day) (Month) (Year)

now residing at \_\_\_\_\_.  
(Street) (City) (Prov/State) (Code/Zip)

My telephone number is \_\_\_\_\_ My Social Insurance (Security) Number is \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

I am by occupation a \_\_\_\_\_ and I have worked for the following motion picture production companies: \_\_\_\_\_.

I wish to be employed by \_\_\_\_\_ on the production known as: \_\_\_\_\_ as a \_\_\_\_\_. The number of working days I have accumulated on films under IATSE Local 891's jurisdiction total \_\_\_\_\_ to date.

My union affiliations are: \_\_\_\_\_.

**I AGREE TO HAVE 2% DEDUCTED FROM MY GROSS WAGES AND PAID TO IATSE 891:**

**I am not required to have 2% deducted from my gross wages, as I am covered by another, applicable IATSE agreement:**

Signature of Applicant \_\_\_\_\_ Dated \_\_\_\_\_ 20\_\_\_\_

Signature of Shop Steward \_\_\_\_\_ Dated \_\_\_\_\_ 20\_\_\_\_

IATSE Local 891 confirms that the above named person is permitted to work, at the sole discretion of Local 891 on all or part of the production presently known as: \_\_\_\_\_.

This permit may be terminated by Local 891 if a member becomes available to fill any position other than name select position or Manpower Assisted Trainee.

Signature of Executive Board Member \_\_\_\_\_

**THIS APPLICATION MUST BE FORWARDED IMMEDIATELY TO IATSE LOCAL 891 REQUESTING EXECUTIVE BOARD APPROVAL**