

**EXHIBIT 3 – ICG Local 669 Work Permit Application Form**



**WORK PERMIT APPLICATION FORM**

I hereby make application for a work permit from the International Cinematographers Guild, Local 669 of the International Alliance of Theatrical Stage Employees and Moving Picture Machine Operators of the United States and Canada (“ICG Local 669”). I authorize ICG Local 669 to negotiate, bargain collectively, present and discuss grievances with my Employer, as my representative and as my sole and exclusive Collective Bargaining agency. I shall abide by the Constitution, By-Laws, Decisions, Rules, Regulations and Working Conditions of ICG Local 669. I base my application on the following facts that I affirm to be true:

I \_\_\_\_\_ was born on \_\_\_\_\_  
name day/month/year

and now reside at \_\_\_\_\_  
street city province/state postal/ZIP code

Social Insurance Number (last 4 digits) \_\_\_\_\_ / Social Security Number (last 4 digits) \_\_\_\_\_

email address \_\_\_\_\_ phone number \_\_\_\_\_

I wish to be employed by \_\_\_\_\_

On the production entitled \_\_\_\_\_

For the position of \_\_\_\_\_

For the period from \_\_\_\_\_ to \_\_\_\_\_  
day/month/year day/month/year

My Union Affiliations are \_\_\_\_\_

The Article of the Collective Agreement under which this permit is applied for is (*circle one*):

3.02                  3.03                  3.05                  3.06

In making this application, I authorize the employer to deduct from my gross wages and pay to ICG Local 669 fees and dues in accordance with the prevailing practice for members of ICG Local 669.

**Note:** You are not required to pay dues if you are already covered under an IATSE Local 600 Agreement. If this is the case, you must place a checkmark in the following box:

I hereby consent to the payroll companies collecting and disclosing my personal and payroll information, contact information and Social Insurance Number to ICG Local 669 and that ICG Local 669 may collect, use and retain this information for the purposes of administering the collective agreement.

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

The International Cinematographers Guild, Local 669 hereby confirms that the above-named person is permitted to work in the following capacity \_\_\_\_\_  
on the production currently entitled \_\_\_\_\_

Signature of ICG Local 669 authorized agent \_\_\_\_\_

This work permit application can also be downloaded at: <http://www.bccfu.com/forms-templates/> h

**EXHIBIT 4 – ICG Local 669 Director of Photography Safety Awareness Acknowledgment Form**



**Director of Photography Safety Awareness Acknowledgment Form**

The International Cinematographers Guild, IATSE Local 669 (ICG | 669) has granted you a permit to work within our British Columbia District jurisdiction. As head of the camera department, the Director of Photography is not only responsible for the photographic look of the production, but is also the de facto department head of the camera crew. The camera crew looks to the Director of Photography for leadership direction in all aspects of their work, including issues of health and safety.

Canada’s safety regulations are enforced and complete safety training bulletins dealing with the many possible safety hazards can be found at Motion Picture | Actsafe Safety Association [www.actsafe.ca](http://www.actsafe.ca).

Please identify any safety training you may have completed:

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To acknowledge you have read this information, please sign and return it with your other permit documents:

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Signature Date