



Please return attn: Lesley Brady
Collective Agreement Administrator
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WAIVER APPLICATION FORM

FEATURE SHORT FILM OTHER _____

PRODUCTION TITLE:

PRODUCTION COMPANY:

ADDRESS:

PHONE #:

FAX #:

EMAIL:

SHOOT DATES: START:

END:

*PRODUCER:

*DIRECTOR:

SCHOOL (if student film):

INTENDED USE:

FIRST RELEASE DATE:

TOTAL PRODUCTION COST (please attach copy of budget):

MEDIA TYPE:

PRE-SALES / DISTRIBUTION:

FUNDING SOURCES:

NAMES OF UNION & APPRENTICE MEMBERS:

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

NUMBER OF SCHEDULED STUNT DAYS: STUNT COORDINATOR:

NUDE SCENES: YES NO If yes, names of any Performers performing nude

MINORS: YES NO If yes, you must contact Employment Standards 604-660-2097

PLEASE ATTACH THE FOLLOWING: SCRIPT CAST LIST CREW LIST BUDGET

*Please also attach personal resumes for the Producer & Director (if available)

COMMENTS: