



# IATSE LOCAL 411

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

2087 Dundas Street East, Unit 104, Mississauga, ON L4X 2V7 Tel: 905-232-6411 Fax: 905-232-6412 www.iatse411.ca

## CRAFTSERVICE PROVIDER PERMITTEE APPLICATION FORM

NAME: \_\_\_\_\_ SIN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PROV: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

(NAME & NUMBER)

HAVE YOU EVER APPLIED FOR MEMBERSHIP IN ANY IATSE LOCAL? YES / NO (CIRCLE ONE)

IF YES, WHICH LOCAL? \_\_\_\_\_ ARE YOU A MEMBER / PERMITTEE (CIRCLE ONE)

WAS YOUR APPLICATION REJECTED? YES / NO (CIRCLE ONE)

I acknowledge I have had an opportunity to read the IATSE Local 411 Privacy Code ("the Code") and PIPEDA (Personal Information Protection and Electronic Documents Act) Information Usage Chart. I hereby give my consent to the collection, use and disclosure of my personal information in the manner and for the purposes outlined in the Code.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### OFFICE USE ONLY:

CSP ORIENTATION DATE: \_\_\_\_\_

- Photo ID
- Letter of Intent
- Resume
- WHMIS Certificate
- Food Handler's Certificate
- Worker OSHA Health & Safety Awareness Training Certificate
- Supervisor OSHA Health & Safety Awareness Training Certificate
- Electronic Communications Consent Form
- Application Fee

### ORIENTATION SEMINAR INSTRUCTOR:

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**REPRESENTING PRODUCTION COORDINATORS, CRAFTSERVICE PROVIDERS  
AND HONEYWAGON OPERATORS IN THE PROVINCE OF ONTARIO, CANADA**



(SEE REVERSE SIDE)



# IATSE LOCAL 411

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

2087 Dundas Street East, Unit 104, Mississauga, ON L4X 2V7 Tel: 905-232-6411 Fax: 905-232-6412 www.iatse411.ca

## CRAFTSERVICE PROVIDER PERMITTEE STATUS INFORMATION

Please note that **this is not an application for membership**. It is an application for “Permittee” status. If you meet all the necessary requirements, you will be granted “Permittee” status. You will be classified as a “Permittee” **until approved** for membership.

Permittees are dispatched when a position cannot be filled by a Union member. It can, especially during periods of reduced production activity, take considerable time before you receive a call for work.

Permittees should be advised that all calls for work must go through the Call Steward **or be cleared through the Union Office**. If you are called for work by anyone other than a Call Steward, it is **your responsibility** to notify the Call Steward. Failure to notify the Call Steward of a work call may jeopardize your future status with I.A.T.S.E Local 411.

Days worked as a Permittee are accumulated towards meeting the requirements for membership. **It is the responsibility of each Permittee to keep documented proof of days worked as a Craftservice Permittee** (i.e. copies of approved time sheets and / or copies of cheque stubs).

It is your responsibility to keep your current address, telephone numbers and email address on file with the Local office. Persons without current information on file will be dropped from the roster.

We represent professional Film & Television workers. Applications lacking in professional qualifications will not be considered.

### PLEDGE

I, the undersigned, as a condition of my membership in Local 411 of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada, do solemnly pledge myself to accept and abide by the provisions of the Constitution and Bylaws of the I.A.T.S.E International and of I.A.T.S.E. Local 411 as now in force and hereafter legally amended, hereby express my consent to be governed thereby in the conduct of my trade and in my relationship with the Union.

*By signing this, I confirm that I have read and understand the above.*

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**REPRESENTING PRODUCTION COORDINATORS, CRAFTSERVICE PROVIDERS  
AND HONEYWAGON OPERATORS IN THE PROVINCE OF ONTARIO, CANADA**

