

# Local 709 of the I.A.T.S.E. Newfoundland & Labrador

55 Elizabeth Ave, Suite 104, St. John's, NL, A1A 1W9  
(709) 754-1746 fax (709) 754-1774



## WORK PERMIT APPLICATION

(All sections of this form must be completed)

Name of Permittee: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ PC: \_\_\_\_\_

Are you a member of any other Local/s of the I.A.T.S.E.? No: \_\_\_\_\_ Yes: \_\_\_\_\_

List Local/s: \_\_\_\_\_ Membership Card #: \_\_\_\_\_

I, \_\_\_\_\_ agree to abide by the terms and conditions of the Collective Agreement between \_\_\_\_\_ and Local 709 of the I.A.T.S.E., and abide by the Constitution, By-laws & Policies of Local 709 while I am permitted to work within its jurisdiction.

Signature of Permittee: \_\_\_\_\_ Date: \_\_\_\_\_

*Copy of Permittee's resume must be attached.*

| TO BE COMPLETED BY THE PRODUCTION COMPANY:           |  |                                  |                                 |
|--|--|----------------------------------|---------------------------------|
| Production Company: _____                            |  |                                  |                                 |
| Production Title: _____                              |  |                                  | <b>Type of Hire:</b>            |
| Estimated Start/End Dates: _____ to _____            |  | WEEKLY: <input type="checkbox"/> | DAILY: <input type="checkbox"/> |
| Job Title: _____                                     |  | Name of Key: _____               |                                 |
| Reasons for permit: _____                            |  |                                  |                                 |
|  |  |                                  |                                 |
| Signature: _____                                     |  | Date: _____                      |                                 |
| <i>Producer / Line Producer / Production Manager</i> |  |                                  |                                 |

| TO BE COMPLETED BY LOCAL 709:      |  |                                  |
|------------------------------------|--|----------------------------------|
| Approved: <input type="checkbox"/> | Not Approved: <input type="checkbox"/> | Signature of Call Steward: _____ |
| Comments: _____                    |  |                                  |
|                                    |  |                                  |
| Business Agent Signature: _____    |  | Date: _____                      |

**Please forward completed form to:**

[businessagent@iatse709.com](mailto:businessagent@iatse709.com) & [admin@iatse709.com](mailto:admin@iatse709.com)

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