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

55 Elizabeth Ave, Suite 207, 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:					
City:			PC:		
Are you a member of any other Local/s of t	the I.A.T.S.E.? No:		Yes:		
List Local/s:	Me	mbership C	ard #:		
I,	agree	e to abide b	y 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 & P					
Signature of Permittee:		Date:			
	y of Permittee's resume must be				
TO BE COM	PLETED BY THE PRODUC	TION COM	PANY:		
Production Company:					
Production Title:			Type of Hire:		
Estimated Start/End Dates:	to		WEEKLY:	DAILY:	
Job Title:	Name of	f Key:			
Reasons for permit:					
Signature:	<del></del>	Date.			
Signature: Producer / Line Producer / Produc	roduction Manager	Dato.			
то	BE COMPLETED BY LOC	AL 709:			
Approved: Not Approved: Sign	roved: Not Approved: Signature of Call Steward:				
Comments:					

Please forward completed form to: