



Motion Picture Studio Production Technicians  
Local 849 of the I.A.T.S.E.

# Referral List Registration

(All sections of this form must be completed)

Name:		Birth Date:      month      day      year		
Address:		Cell Phone:		
City:		Phone:		
Province:	Postal Code:	E-mail:		
Length of Residency in Maritime Provinces (immediately prior to applying):				
List Union & Guild Affiliations in full:				
Do you have a valid Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Province:      Class:
Do you own or have easy access to a vehicle?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Job Category(ies) Requested ( <b>Choose only two</b> ):				
<input type="checkbox"/> Animal Wrangler	<input type="checkbox"/> Greens	<input type="checkbox"/> Make-Up	<input type="checkbox"/> Script Supervision	<input type="checkbox"/> Special Effects
<input type="checkbox"/> Costumes	<input type="checkbox"/> Grip	<input type="checkbox"/> Marine	<input type="checkbox"/> Set Construction	<input type="checkbox"/> Transportation
<input type="checkbox"/> Craft Service	<input type="checkbox"/> Hair	<input type="checkbox"/> Props	<input type="checkbox"/> Set Decoration	
<input type="checkbox"/> Diving	<input type="checkbox"/> Lighting	<input type="checkbox"/> Scenic Paint	<input type="checkbox"/> Sound	
In addition to these departments you've chosen, would you like to be added to the General Labour listing?				YES <input type="checkbox"/> NO <input type="checkbox"/>

List 3 references and their contact information:		
Name:	Name:	Name:
Phone:	Phone:	Phone:
E-mail:	E-mail:	E-mail:

The following items must be accompany this registration form:		<i>office use only</i>
1	A current copy of your resume	Received? <input type="checkbox"/>
2	Proof of completion of a recognized WHMIS course	Received? <input type="checkbox"/>
3	Copies of all other applicable licenses and/or certificates	Received? <input type="checkbox"/>
4	A <b>non-refundable \$50</b> Administration Fee	Received? <input type="checkbox"/>

**IN REGISTERING FOR THE REFERRAL LIST, I ACKNOWLEDGE THE FOLLOWING:**

- That I have read and understand the information included above and in the attached "Information for Referrals Sheet".
- That while Local 849 will make best efforts to offer a Set Etiquette Workshop in a timely manner, there may be an indeterminate waiting period before the workshop is made available, depending upon availability of instructors and participants.
- That once registered as a Referral, I will be required to submit a NON-REFUNDABLE ANNUAL ADMINISTRATION FEE OF \$50 to remain on the Referral List. This fee to be submitted no later than the last business day of the calendar year (or postmarked no later than December 31st). Fee to be accompanied by an up-to date resume. I understand that I will not be sent any reminder that this fee and resume are due - it is my responsibility to remember to fulfill this obligation.
- I understand that by signing this registration form, I am in no way obligated to continue with the Referral Registration, but that once paid, the \$50 Administration Fee is non-refundable.

\_\_\_\_\_      \_\_\_\_\_

*Signature of Applicant*      *Date*

Please forward completed form to: [admin@iatse849.com](mailto:admin@iatse849.com)  
617 Windmill Road, 2nd Floor, Dartmouth, Nova Scotia, B3B 1B6 | Phone: 902.425.2739