



## Application for Certification

| I. Applicant                  |                   |
|-------------------------------|-------------------|
| Name of Artists' Association: |                   |
| Address:                      |                   |
| Telephone Number:             | Facsimile Number: |

| II. Applicant's Authorized Representative |                   |
|---|-------------------|
| Name of Representative:                   |                   |
| Address:                                  |                   |
| Telephone Number:                         | Facsimile Number: |

| III. Suitability of the Sector for Bargaining   |
|---|
| How would you describe the sector which you are seeking to represent? <i>(Use additional sheets if necessary)</i>                     |
| Why is this sector the most suitable one for bargaining? <i>(Use additional sheets if necessary)</i>                                  |
| Estimated number of independent professional contractors in this sector:  |
| Are there or have there been any scale agreements in effect for this sector? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If so, please provide a copy of the most recent scale agreement(s) affecting this sector</i>                                       |

| IV. Representativeness of the Applicant Artists' Association   |
|--|
| Number of members of your association working in the sector:   |
| <i>Please provide an up-to-date copy of your membership list, indicating members' full names and addresses and the names of those members who work in the above described sector, which has been certified as correct by the authorized representative of the applicant.</i> |

| V. Language of Choice for Tribunal Proceedings  |
|---|
| <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual |

|   |               |
|---|---------------|
| <b>The applicant artists' association hereby makes application pursuant to section 25 of the <i>Status of the Artist Act</i> to be certified by the Canadian Artists and Producers Professional Relations Tribunal as the exclusive bargaining representative for independent professional contractors in the above-described sector.</b> |               |
| Name of Authorized Representative:  |               |
| Position/Title:   |               |
| _____<br>Signature of Authorized Representative   | _____<br>Date |
| <i>Please Note: A certified copy of the Applicant's Constitution and By-laws and the membership resolution authorizing the application must accompany each application for certification.</i>   |               |