



Application for Determination or Declaration

I. Applicant	
Name:	
Address:	
Telephone Number:	Facsimile Number:

II. Applicant's Authorized Representative (If applicable)	
Name of Representative:	
Address:	
Telephone Number:	Facsimile Number:

III. Other Parties Affected
Provide the name and address of any artist, artists' association, producer or producers' association affected by this application:
<i>(Use additional sheets if necessary)</i>

IV. Details of Application
Under what provision of the <i>Status of the Artist Act</i> is this application being made?
<input type="checkbox"/> subsection 30(2) <input type="checkbox"/> subsection 33(5) <input type="checkbox"/> section 34 <input type="checkbox"/> section 41 <input type="checkbox"/> section 47 <input type="checkbox"/> section 48 <input type="checkbox"/> other (<i>please specify</i>)
What question(s) do you wish the Tribunal determine?
What declaration or determination are you seeking?
Provide a description of the facts which give rise to the application.
<i>PLEASE ATTACH COPIES OF ANY RELEVANT DOCUMENTS</i> <i>(Use additional sheets if necessary)</i>

V. Tribunal Proceedings
Do you believe an oral proceeding will be required? <input type="checkbox"/> Yes <input type="checkbox"/> No
In what language would you prefer to have the proceedings conducted?
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual

Signature of Applicant or Authorized Representative	Date
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