**AFFIDAVIT UNDER THE *STATUS OF THE ARTIST ACT***

In the matter of

 (applicant or complainant)

and

Board File No.

I,

 (name)

of

 *(address and title of person making affidavit)*

MAKE OATH AND SAY / AFFIRM that the following facts are true to the best of my knowledge (*set out each statement of fact in a separate, numbered paragraph; use additional sheets if necessary*):

1.

2.

3.

4.

|  |  |
| --- | --- |
| Sworn / Affirmed before me at                in the province of *(city)*                on                  *(province (date)*  *(signature)*Commissioner of Oaths/Affidavits | *(signature)* |

The personal information provided on this form is collected solely for the purpose of administering the *Status of the Artist Act* and may be accessed by contacting the Board. The information may appear in the Board's written reasons for decision which may be posted on the Board’s Website.