



**APPLICATION FOR REVOCATION OF CERTIFICATION
UNDER THE *STATUS OF THE ARTIST ACT***

I. Applicant
Name: _____
Address: _____
Email Address: _____
Telephone Number: __ (____) _____
Fax Number: __ (____) _____

II. Applicant's Authorized Representative
Name of Representative: _____
Address: _____
Email Address: _____
Telephone Number: __ (____) _____
Fax Number: __ (____) _____

III. Sector for Which Revocation of Certification is Requested

Describe the sector in which you work (*use additional sheets if necessary*):

What is the name of the artists' association which currently represents this sector?

On what grounds are you making this application? (*indicate the circumstances which apply*):

- The certified artists' association's by-laws discriminate unfairly so as to prevent artists working in the sector from becoming or continuing as members of the association.
- The certified artists' association is no longer the most representative of artists working in the sector.
- The certified artists' association has not made reasonable efforts to negotiate a scale agreement for the sector.

What facts can you present to justify the revocation of this certification? (*use additional sheets if necessary*)

IV. Language of Choice for Board Proceedings

- English French Bilingual

The applicant hereby makes this application pursuant to the *Status of the Artist Act* for revocation of the certification of the above-described sector.

Signature of Applicant _____ Date: _____

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.

Send a copy to the Artists' Association that currently represents the sector.