



**Application for Determination or Declaration under the
Status of the Artist Act**

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

II. Applicant's Authorized Representative (If applicable)
Name of Representative: _____
Address: _____
Email Address: _____
Telephone Number: __ (____) _____
Fax 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 *Status of the Artist Act* is this application being made?

- subsection 30(2) subsection 33(5) section 34
 section 41 section 47 section 48
 other (*please specify*) _____

What question(s) do you wish the Board determine?

What declaration or determination are you seeking?

Provide a description of the facts which give rise to the application. (*Use additional sheets if necessary*)

Please attach copies of any relevant documents

V. Board Proceedings

Do you believe an oral proceeding will be required? Yes No

In what language would you prefer to have the proceedings conducted?

English French Bilingual

Signature of Applicant
or Authorized Representative _____

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 all affected parties.