



**NOTICE OF INTENT TO PARTICIPATE/  
APPLICATION FOR INTERVENOR UNDER THE  
STATUS OF THE ARTIST ACT**

**I. Applicant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_ (\_\_\_\_) \_\_\_\_\_

Fax Number: \_\_ (\_\_\_\_) \_\_\_\_\_

Check applicable box:

Artist

Producer

Other interested person or  
organization

Artists' Association

Producers' Association

**II. Applicant's Authorized Representative**

Name of Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_ (\_\_\_\_) \_\_\_\_\_

Fax Number: \_\_ (\_\_\_\_) \_\_\_\_\_

**III. Identification of Proceedings**

Describe the proceedings in which you wish to be heard (*Board file number or case name*):

\_\_\_\_\_

**IV. Status**

Please select one of the following:

- I am an intervenor as of right and intend to participate in the above described proceedings.
- Pursuant to subsection 19(3) of the *Status of the Artist Act*, I wish to apply for permission to intervene in the above described proceedings. *(Please describe the grounds for intervention, your interest in the matter and the contribution you expect to make to the proceedings if granted permission to intervene; use additional sheets if necessary):*

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Signature \_\_\_\_\_ 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 applicant in the proceeding.***