SCREEN ACTORS GUILD
AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS

Station 12 Clearance Form

Date: _____
Contact: _____
Phone: _____
Fax: _____

Shoot/Recording Date: _____
Product/Title: _____
Signatory: _____
Paymaster (if applicable): _____
Location: _____

T.V. Commercial [ ] Radio Commercial [ ] PSA [ ]
Industrial/Non-Broadcast [ ] PBS [ ] Other _____
Movie: Experimental [ ] Limited Ex [ ] Modified L.B. [ ] Low Budget [ ] Theatrical [ ]

Talent Can Not Be Cleared Without A Social Security Number!

Please Specify (circle) under which union's jurisdiction production is to take place.

NAME	SOCIAL SECURITY	Principal or Extra	AFTRA OR SAG (please circle)

OK: Performer is cleared to work
MP: Performer must pay the union before shoot/recording
CO: Performer must call AFTRA/SAG office before shoot/recording
MTH: Producer must Taft-Hartley the Performer

OK: Performer is cleared to work
NRNG: Producer must Taft-Hartley the Performer
TH: Producer must Taft-Hartley the Performer
ST12: Performer is not cleared for work
MUSTPY: Performer must pay union before shoot/recording

Authorized By: _____
union use only

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