



Station 12 Clearance Form

Date: _____ Shoot/Recording Date: _____
 Contact: _____ Product/Title: _____
 Phone: _____ Signatory: _____
 Fax: _____ 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