



NAME: _____

ADDRESS: _____

PHONE: _____

LAST 4 DIGITS SS#: _____

EMAIL: _____

Signature

Date

**SUBMIT MATERIALS TO:
DGA COMMERCIAL ADMINISTRATION
1697 BROADWAY SUITE 600
NEW YORK, NY 10019**

REGION

New York Area

Southern California Area

Third Area

PLACEMENT REQUESTED

First Assistant Director

Second Assistant Director

Unit Production Manager

BASIS OF ELIGIBILITY

Initial Placement

Upgrade

Shoot _____

Prep _____

FOR OFFICE USE ONLY:

Mandatory Safety Training

**INFORMATION SHEET SPECIFIC TO
EACH PRODUCTION**

Production Name: _____

Production Company: _____

Producer: _____

Director: _____

Production Manager: _____

Assistant Directors: _____

Your Job Title: _____

Dates of employment _____

Number of days worked _____

Items of documentation	Dates

Type of Production:

Comments:

**Make one copy of this form for each production worked.
Supporting documentation should follow this page.**