

SELECT CONTRACT TYPE: **SAG-AFTRA** **SAG** **AFTRA**

Los Angeles: Principal Phone (323) 549-6794; Principal/Background Fax (323) 549-6792; Toll-Free Fax (800) 836-1768 or Email castclearance@sagaftra.org; **New York:** Principal Phone (212) 827-1418; Principal/Background Fax (212) 768-9154; Toll-Free Fax (800) 419-2317 or Email nycastclearance@sagaftra.org

PERFORMER CAST CLEARANCE FORM

Date: _____ Caller ID: _____ Production Type: _____

Co. Name: _____ Production / Product: _____

Co. Rep
Name: _____ Signatory / Ad Agency: _____

Phone #: _____ **FOR COMMERCIALS ONLY, PLEASE PROVIDE THE PRODUCTION COMPANY NAME AND TELEPHONE NUMBER**

Fax #: _____ Production Co. Name: _____

Email
Address: _____ Production Co. Phone: _____

Work Location: (State/City): _____

Additional
Info/Comments: _____

SAG-AFTRA ID Number or Social Security Number	Performer Name	Start Date	Role Type	For Internal Use Only

Example of Performer Role Types

- | | | | | |
|----------------|---------------------|-------------------|--------------------|---------------|
| (B) Background | (DA) Dancer | (D) Dubbing | (G) Guest Star | (L) Looping |
| (P) Principal | (SR) Series Regular | (S) Singer | (ST) Stunt | (V) Voiceover |
| (A) Announcer | (GD) Group Dancer | (GS) Group Singer | (SA) Specialty Act | (SI) Stand-In |