

(Talent Agency Letterhead)

LATE FILING WAIVER

Date:

Re: Late Filing Waiver

Dear Professional Representatives Department:

Agency Name: _____

Performer Name: _____

SSN/ SAG-AFTRA IDN: _____

was unavailable to sign his/her contract(s) because

_____.

Therefore, we are requesting a waiver for late filing.

Please be advised that this is a new/renewal contract, commencing on (Date)_____.

Sincerely,

Signature of Agent

Signature of Performer
(Performer's signature is necessary if contract is more than 30 days late.)

SAG-AFTRA
Professional Representatives Department (LA)
5757 Wilshire Boulevard, 7th Floor
Los Angeles, CA 90036

SAG-AFTRA
Professional Representatives Department (NY)
1900 Broadway, 5th Floor
New York, NY 10023