

# CAPS Job Registration Form



## Job Contacts and Details

Production Company:	Date:
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Address, City, State, Zip:

Job Name:	Job Number:
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<input type="checkbox"/> Union <input type="checkbox"/> Non-Union	CAPS Pay Batch # (if applicable):
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Commercial     Low Budget     PSA     Other (please specify) \_\_\_\_\_

Fully executed agreement are required with the first payroll submission in order to avoid delays and/or benefit misallocations.

DGA Low Budget Tiers:

<input type="checkbox"/> Tier 1: Under \$50,000	<input type="checkbox"/> Tier 2: \$50,001-\$80,000
<input type="checkbox"/> Tier 3: \$80,001-\$100,000	<input type="checkbox"/> Tier 4: \$100,001-\$125,000

Music Video Tiers:

<input type="checkbox"/> Tier 1: Under \$55,000	<input type="checkbox"/> Tier 2: \$55,001-\$300,000	SAG/AFTRA?
<input type="checkbox"/> Tier 3: \$300,001-\$500,000	<input type="checkbox"/> Tier 4: \$500,001 and up	<input type="checkbox"/> Yes <input type="checkbox"/> No

Production Supervisor Name:	Phone:
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E-mail:	Cell:
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Prep Date(s):	Prep Location(s):
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When locations become known, please provide full address, including street, city, state and zip code:

1st Shoot Date(s):	1st Shoot Location(s):
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2nd Shoot Date(s):	2nd Shoot Location(s):
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3rd Shoot Date(s):	3rd Shoot Location(s):
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## Foreign Travel and High Risk Activity

Will there be foreign travel?       Yes       No

If yes, prior to traveling please complete the attached Foreign Travel Questionnaire (also found on <http://capspayroll.com> in the Worker's Comp Resources section) and submit to the CAPS Risk Management Department.

Will there be high risk activity?       Yes       No

(Examples: Air or water craft, temperature/weather extremes, weapons, pyrotechnics, wild animals, sports, running crowd scenes, fights, stunts)

If yes, please provide a copy of your treatment boards and/or scripts to the CAPS Worker's Compensation Department for review and coverage approval. Please note that any high risk activity must pre-approved by the CAPS Risk Management Department.



# Foreign Travel Questionnaire

To help us comply with reporting requirements imposed by our insurance carrier, please complete this form as far in advance as possible for any travel outside the United States.

## CLIENT INFORMATION

Company Name:		Job Name:
Address:		
Primary Contact:		
Primary Phone:	Alternate Phone:	
Email:		

## TRAVEL ITINERARY

Date of departure from U.S.:	Date of return to U.S.:
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Please list your travel itinerary in chronological order:

City/ Region	Country	To and From Dates

Please list the personnel traveling: (Attach an additional sheet if necessary)

Name and Title	SSN (Last 4 Digits)	To and From Dates
	XXX - XX -	
	XXX - XX -	
	XXX - XX -	
	XXX - XX -	
	XXX - XX -	

## TRAVEL DETAILS

Will you be traveling to any foreign countries listed here? <a href="http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx">http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any employees on a CAPS time card be involved in stunt work or pyrotechnics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will security measures be in place? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Once completed, this form can be faxed to 310-733-1802 or e-mailed to [WorkersComp@capspayroll.com](mailto:WorkersComp@capspayroll.com)