



TAFT-HARTLEY REPORT

Television or Radio Commercials

ATTACHED:
Photo
Resume

SAG-AFTRA

Please be advised that it is the Producer's responsibility to forward the fully-completed report to SAG-AFTRA within 15 days from the date of first employment of a non-member.

UNION SECURITY INFORMATION

EMPLOYEE INFORMATION

Name: _____ SS#: _____
Address: _____ Date of Birth (if minor): _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ Work Date: _____

Category: TV On-Camera TV Off-Camera Radio Announcer Actor Singer Dancer Stunt
Extra Hand Model Other (explain): _____

EMPLOYER INFORMATION

Signatory Company: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Contact Person: _____
Advertiser: _____ Product: _____ Spot Title: _____

Preference Of Employment Information: Waivers for a non-member hired for his/her special skill/unusual appearance or for giving a testimonial or endorsement are conditioned upon screening of the final edit of the commercial.

Shooting/Recording Location(s) – City & State: _____
 Not applicable – Reason: _____

CONTRACTUAL REASON FOR HIRE – RADIO AND TV (check all applicable boxes)

Persons who portray themselves and give a testimonial.
 First employment of a professional planning to pursue a career as a performer.
(Attach professional photo & resume or describe experience below.)
Link to Internet credits/photo: _____
 Child under the age of 7 years (Provide date of birth in Employee Information above. Attach photo.)

CONTRACTUAL REASON FOR HIRE – TV ONLY (check all applicable boxes)

Background actor adjusted for non-script lines (Attach photo.)
 Military or other government personnel used due to governmental restrictions (Describe restrictions below.)
 Special skill or unique physical appearance.
(Describe special skill and attempts to cast role below. Attach photo for unique physical appearance.)
 Owner/Driver of Specialized vehicle.

Explanation or Additional Information:

Other (Describe reason for hire below and attach photo and resume.)

Signature: _____ Date: _____

Print Name: _____ Producer Casting Director Phone: _____

**PLEASE SUBMIT THIS REPORT TO: SAG-AFTRA LOCAL OFFICE NEAREST TO PRODUCTION LOCATION OR EMPLOYER'S BASE.
OR, TO: CONTRACTS DEPARTMENT – SAG-AFTRA, 5757 WILSHIRE BOULEVARD, 7TH FLOOR, LOS ANGELES, CA 90036-3689**