SAG·AFTRA

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Cast & Crew

STATION 12 INFORMATION FORM

Date _____ Caller Id _____

Contact Name _____ Product / Production _____

Co. Name _____ Ad Agency (City) / Signatory _____

Phone # _____ _____

Fax # _____ _____

Address _____ Production Co. Name _____

_____ Production Co. Phone _____

_____

Location
(City/State) _____ Production Type _____

SSN or SAG-AFTRA Idn	Name	Start Date	Category Codes	SAG-AFTRA Use

Explanation of Performer Category Codes

B ► Background DA ► Dancer D ► Dubbing G ► Guest Star L ► Looping
P ► Principal PT ► Puppeteer SR ► Series Regular S ► Singer ST ► Stunt
V ► Voiceover