

## International Alliance of Theatrical Stage Employees

Application for Dawson Creek Permit STATUS				
Incomplete applications will NOT be considered. Therefo	ore, please ensure that yo	ur application includes:		
Completed Application for Permit Status Form  Direct Deposit Information  Current Resumé and References  Completed TD1 Tax Forms for both Federal and Provincial Taxes  Copies of any relevant Certificates you hold (eg. Set Etiquette, First Aid, WHMIS, Fall Arrest, etc)  Other Certificates and Licenses that are relevant to Departments you are applying for (eg. License and Certificate for Hair)				
Full Name (PLEASE PRINT CLEARLY):  First  Address:	Middle Las	st		
City: Province:		tal Code:		
Home Phone: ( ) Work Phone	ə: (       )			
Cell Phone: ( ) Email addre	ess:			
Date of Birth: Social Insura	nce Number:			
(MM/DD/YYYY) Emergency Contact Number	Relationship to Applic	cant		
Have you applied to IATSE Local 210 before?   No Yes If Yes, please give date:				
1st Department:	Stage □ Stage □	Approval for Departments is based on the information provided in your resume and in this application.		

Step 2: Experience / Skills Have you attended a Post-Secondary Theatre	e or Film/Media production program in the last five years?
If Yes, which Program:	
Year(s) Program Nan	ne:
Post-Secondary Institution:	
☐ Degree ☐ Certificate ☐ Diploma	☐ Incomplete
Do you have experience working in the Entert	ainment Industry? 🔲 Yes 👊 No
In which Field? □ Theatre □ Audio Visua	☐ Film ☐ Concert ☐ Event ☐ Facility ☐ Other
Are you currently a Union Member? Yes / No	(circle answer)
If YES, Which Union?	Local
References: 1. Name:	Phone Number:
2. Name:	Phone Number:
General Certifications:	
□ Basic First Aid □ WHMIS	
Skill Set Certifications - check all that apply	
Copies of certificates and/or licenses will be	pe placed in your file as confirmation
☐ Set Etiquette – Film and Television ☐ Stage Etiquette – coming soon ☐	
□ Hair Stylist □ Advanced First Aid □ Industrial First Aid □ AED training □ Paramedic - EMT-P □ Paramedic - EMT-A □ Food Handling □ Provincial Electrical License □ Master Electrician □ Welding	Pyrotechnic - Technician Lift Truck (fork lift) class 4/5 Telehandler Class 7 Aerial Platform up to 80 feet Aerial Platform over 80 feet Scissor Lift Stacker Class 3, code 5 Fall Arrest
□ Welding – Aluminum □ SIM	

If you have checked any of the above boxes under skill set qualifications; PLEASE SUBMIT COPIES with this application. If you do not supply copy of the certificates we can not recognize it or have you on a call/job that requires said certificate.

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

pay you.									
Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee numb	oer					
dress Postal code For non-residents only S		Social insurance number							
		Country of permanent residence		LI		11		1.1	
1. Basic personal amount – Every resident of Canad from all sources will be greater than \$177,882 and you return at the end of the tax year. If your income from a partial claim. To do so, fill in the appropriate section of the calculated amount here.	enter \$16,129, you may ha Il sources will be greater tha Form TD1-WS, Worksheet	ave an amount owing on your inc an \$177,882 you have the option t for the 2025 Personal Tax Cred	come tax and ben to calculate a its Return, and er	efit					
<ol><li>Canada caregiver amount for infirm children und 2008 or later who lives with both parents throughout th parent who has the right to claim the "Amount for an el the child.</li></ol>	e year. If the child does not	t live with both parents throughou	ut the year, the						
3. Age amount – If you will be 65 or older on Decemb or less, enter \$9,028. You may enter a partial amount calculate a partial amount, fill out the line 3 section of I	if your net income for the year. Form TD1-WS.	ear will be between \$45,522 and	\$105,709. To	2					
<ol> <li>Pension income amount – If you will receive regul- Pension Plan, Quebec Pension Plan, old age security, \$2,000 or your estimated annual pension income.</li> </ol>									
5. Tuition (full-time and part-time) – Fill in this section certified by Employment and Social Development Canatotal tuition fees that you will pay if you are a full-time of	ada, and you will pay more	university or college, or an educa than \$100 per institution in tuitio	tional institution n fees. Enter the						
<ol> <li>Disability amount – If you will claim the disability at Disability Tax Credit Certificate, enter \$10,138.</li> </ol>	mount on your income tax a	and benefit return by using Form	T2201,						
7. Spouse or common-law partner amount — Enter to or common-law partner is infirm) and your spouse's of following conditions apply:  • You are supporting your spouse or common law partners.	r common-law partner's est			е					
<ul> <li>You are supporting your spouse or common-law p</li> <li>Your spouse or common-law partner's net income spouse or common-law partner is infirm)</li> </ul>		n the amount on line 1 (line 1 plu	us \$2,687 if your						
,	narthar is infirm and has	a not income for the year of \$28.	709 or loss						
In all cases, go to line 9 if your spouse or common-law partner is <b>infirm</b> and has a net income for the year of \$28,798 or less.  8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,687 if your eligible dependant is <b>infirm</b> ) and your eligible dependant's estimated net income for the year if all of the following conditions apply:									
<ul> <li>You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by</li> </ul>									
<ul> <li>You are supporting the dependant who is related t</li> </ul>	•								
<ul> <li>The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,687 if your dependant is infirm and you cannot claim the Canada caregiver amount for infirm children under 18 years of age for this dependant)</li> </ul>									
In all cases, go to line 9 if your dependant is 18 years or older, infirm, and has a net income for the year of \$28,798 or less.						_,			
9. Canada caregiver amount for eligible dependant or spouse or common-law partner — Fill out this section if, at any time in the year, you support an infirm eligible dependant (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$28,798 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.									
10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an infirm dependant age 18 or older (other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$18,816) whose net income for the year will be \$20,197 or less, enter \$8,601. You may enter a partial amount if their net income for the year will be between \$20,197 and \$28,798. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.									
<ol> <li>Amounts transferred from your spouse or com- their age amount, pension income amount, tuition amounused amount.</li> </ol>									
12. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.									
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determ	ine the amount of your tax	deductions.							
		,							

Filling out Form TD1 Fill out this form only if any of the following apply:	
<ul> <li>you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefit</li> </ul>	s,
or any other remuneration  o you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)  o you want to claim the deduction for living in a prescribed zone  o you want to increase the amount of tax deducted at source  Sign and date it, and give it to your employer or payer.	
More than one employer or payer at the same time	
If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on an you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on anothis box, enter "0" on Line 13 and do not fill in Lines 2 to 12.	
Total income is less than the total claim amount	
Tick this box if your total income for the year from <b>all</b> employers and payers will be <b>less</b> than your total claim amount on line 13. will not deduct tax from your earnings.	Your employer or payer
For non-resident only (Tick the box that applies to you.)	
As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2025  Yes (Fill out the previous page.)	?
No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)	
Call the international tax and non-resident enquiries line at 1-800-959-8281 if you are unsure of your residency status.	
Provincial or territorial personal tax credits return	
You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$16,129. Use the Form TD1 territory of <b>employment</b> if you are an employee. Use the Form TD1 for your province or territory of <b>residence</b> if you are a pensioner will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions	r. Your employer or payer
Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you personal amount <b>only</b> .	•
<b>Note:</b> You may be able to claim the child amount on Form TD1SK, 2025 Saskatchewan Personal Tax Credits Return if you are supporting children under 18 at any time during 2025. Therefore, you may want to fill out Form TD1SK even if you are <b>only</b> clair amount on this form.	
Deduction for living in a prescribed zone	
You may claim <b>any</b> of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed <b>northerr</b> months in a row beginning or ending in 2025:  • \$11.00 for each day that you live in the prescribed northern zone	zone for more than six
<ul> <li>\$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction Employees living in a prescribed intermediate zone may claim 50% of the total of the above amounts.</li> <li>For more information, go to canada.ca/taxes-northern-residents.</li> </ul>	\$
Additional tax to be deducted	
You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return	
by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.	\$
Reduction in tax deductions	
You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed or periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at S authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if y RRSP contributions from your salary.	d tuition and education Source, to get a letter of
Forms and publications	
To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.	
Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and dministering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, to preign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penal Inder the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and to file a complete commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on I anada.ca/cra-info-source.	erritorial, aboriginal or alties, or in other actions. aint with the Privacy
Certification	
I certify that the information given on this form is correct and complete.	
Signature	

It is a serious offence to make a false return.





## 2025 British Columbia **Personal Tax Credits Return**

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee numb	per
Address	Postal code	For non-residents only Country of permanent resider		Social insurance number
1. Basic personal amount – Every person employed this amount. If you will have more than one employer came time" on page 2.				
<ol> <li>Age amount – If you will be 65 or older on Decemberter a partial amount if your net income for the year willing 2 section of Form TD1BC-WS, Worksheet for the 2</li> </ol>	vill be between \$43,169 and 2025 British Columbia Pers	d \$81,829. To calculate a partial conal Tax Credits Return.	amount, fill out th	
<ol> <li>Pension income amount – If you will receive regul- Pension Plan, Quebec Pension Plan, old age security, \$1,000 or your estimated annual pension.</li> </ol>	or guaranteed income sup	plement payments), enter which	ever is less:	
4. Tuition (full-time and part-time) – Fill out this sect certified by Employment and Social Development Can- total tuition fees that you will pay less your Canada Tra	ada, and you will pay more	than \$100 per institution in tuitio		ır
<ol><li>Disability amount – If you will claim the disability a Disability Tax Credit Certificate, enter \$9,699.</li></ol>				
Spouse or common-law partner amount – Enter state following conditions apply:     Your spouse or common-law partner lives with your spouse or common-law partner lives with your spouse.		ng your spouse or common-law p	partner and <b>both</b>	of
Your spouse or common-law partner has a net inc	ome of \$1,108 or less for the	he year		
You may enter a partial amount if your spouse's or cor \$12,181. To calculate a partial amount, fill out the line	6 section of Form TD1BC-\	NS.		
<ul> <li>7. Amount for an eligible dependant – Enter \$11,075 conditions apply.</li> <li>You do not have a spouse or common-law partne who you are not supporting or being supported by</li> </ul>	r, or you <b>have</b> a spouse or			and
The dependant is related to you and lives with you				
The dependant has a net income of \$1,108 or less				
You may enter a partial amount if the eligible dependa partial amount, fill out the line 7 section of Form TD1B	nt's net income for the year C-WS.	r will be between \$1,108 and \$12	2,181. To calculat	e a
8. British Columbia caregiver amount – You may clapartner, or an infirm eligible dependant (age 18 or old	er) who is your or your spo		common-law	
<ul> <li>child or grandchild (including those of your spouse</li> <li>parent, grandparent, brother, sister, uncle, aunt, n of your spouse or common-law partner)</li> </ul>	' '	s in Canada at any time in the ye	ear (including thos	se
The infirm person's net income for the year must be leform TD1BC-WS.	ss than \$24,810. To calcula	ate this amount, fill out the line 8	section of	
<ol> <li>Amounts transferred from your spouse or commended their age amount, pension income amount, tuition amounused amount.</li> </ol>				
10. Amounts transferred from a dependant – If you benefit return, enter the unused amount. If your or you all of their tuition amount on their income tax and bene	r spouse's or common-law	partner's dependent child or grad		
11. TOTAL CLAIM AMOUNT – Add lines 1 to 10. Your employer or payer will use this amount to determ	ine the amount of your pro	vincial tax deductions.		

Protected B when complete
Filling out Form TD1BC
Fill out this form if you have income in British Columbia and <b>any</b> of the following apply:  • you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
you want to increase the amount of tax deducted at source
Sign and date it, and give it to your employer or payer.
If you do not fill out Form TD1BC, your employer or payer will deduct taxes after allowing the basic personal amount only.
More than one employer or payer at the same time  If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1BC for 2025, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1BC, check this box, enter "0" on line 11 and do not fill in lines 2 to 10
Total income is less than the total claim amount  Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 11. Your employer or payer will not deduct tax from your earnings.
Additional tax to be deducted
If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.
Reduction in tax deductions You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.
Forms and publications
To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.
Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, and to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.
Certification
I certify that the information given on this form is correct and complete.
Signature

It is a serious offence to make a false return.

TD1BC E (25) Page 2 of 2



## International Alliance of Theatrical Stage Employees

## **Direct Deposit Agreement Form**

### **Authorization Agreement**

I hereby authorize IATSE Local 210 to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold IATSE Local 210 responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **IATSE Local 210** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Any changes to this direct deposit agreement form must be made in writing and given to the Payroll Department with two weeks notice for processing.

Pay statements will be mailed to me on a biweekly basis: I will therefore notify, in writing or email, IATSE Local 210 immediately of any changes in my address.

Name of Member	Date:
(please print)	
Signature	Signature #2
	If Joint Account we require both signatures
O I am Requesting Direc	t Deposit for the First Time
Or	
O I am changing my bo (do not close prior ac	nking Information count until after the first deposit has gone into to the new account)
O I have attached a vo	d cheque
Or  O I have attached a pa	yroll direct deposit form from my financial institution.
	FOR OFFICE USE ONLY
Payroll #:	Date Processed: Entered by:

# **IATSE LOCAL 210**



The International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada

IATSE Local 210 would like to ensure that we have your consent to receive our electronic communications, including our newsletter, production updates, notifications of job postings, communication from third parties and other notifications we send from time to time for the purpose of (i) sharing information; and (ii) establishing, developing and / or managing our relationship with you.

If you wish to continue to receive these electronic communications from us, please sign and date this consent form and return to us.

Date:	<del></del>
Signature:	<del></del> >
Print Name:	
Email Address	·
If you have an	y questions or wish to withdraw your consent at any time please contact us at:
Email: Phone:	iatse210@iatse210.com 780.423.1863 Monday thru Friday between 8:30 AM and 4:00 PM

# **IATSE LOCAL 210**



The International **Allia**nce of Theatrical **Stage** Employees, Moving Picture Technicians, Artists and Allied Crafts of the **United States**, Its Territories **and Canada** 

IATSE Local 210 requires information to ensure we have a skilled and safe work force.

IATSE Local 210 workers have been and will be working in venues and buildings which may require the workers to be bonded.

Please circle the correct answer

1	Are	vou bo	ondable?	YE	ES 1	ON
-	, ,,,,	<i>y</i>	madbic.			••

2) Have you been convicted of criminal offence? YES NO

Permit			
Print name:	·	Date:	
Signature:	-		
Witness			
Print name:		Date:	
Signature:			