SAG·AFTRA

**SELECT CONTRACT TYPE: ☐ SAG-AFTRA ☐ SAG ☐ AFTRA**

**Los Angeles**: Principal Phone (323) 549-6794: Principal/Background Fax (323) 549-6792; Toll-Free Fax (800) 836-1768 or Email castclearance@sagaftra.org; **New York**: Principal Phone (212) 827-1418; Principal/Background Fax (212) 768-9154; Toll-Free Fax (800) 419-2317 or Email nycastclearance@sagaftra.org

# PERFORMER CAST CLEARANCE FORM

Date: _____ Caller ID: _____ Production Type: _____

Co. Name: _____ Production / Product: _____

Co. Rep Name: _____ Signatory / Ad Agency: _____

Phone #: _____ **FOR COMMERCIALS ONLY, PLEASE PROVIDE THE PRODUCTION COMPANY NAME AND TELEPHONE NUMBER**

Fax #: _____ Production Co. Name: _____

Email Address: _____ Production Co. Phone: _____

Work Location: (State/City): _____

Additional Info/Commtents: _____

| SAG-AFTRA ID Number or Social Security Number | Performer Name | Stare Date | Role Type | For Internal Use Only |
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**Example of Performer Role Types**

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|---|---|---|---|---|
| (B) Background | (DA) Dancer | (D) Dubbing | (G) Guest Star | (L) Looping |
| (P) Principal | (SR) Series Regular | (S) Singer | (ST) Stunt | (V) Voiceover |
| (A) Announcer | (GD) Group Dancer | (GS) Group Singer | (SA) Specialty Act | (SI) Stand-In |