



**APPLICATION FOR REVIEW OR RECONSIDERATION UNDER THE  
STATUS OF THE ARTIST ACT**

<b>I. Applicant</b>
Name: _____
Address: _____
Email Address: _____
Telephone Number: __ (____) _____
Fax Number: __ (____) _____

<b>II. Applicant's Authorized Representative (If applicable)</b>
Name of Representative: _____
Address: _____
Email Address: _____
Telephone Number: __ (____) _____
Fax Number: __ (____) _____

<b>III. Other Parties Affected</b>
Provide the name and address of any artist, artists' association, producer or producers' association affected by this application ( <i>Use additional sheets if necessary</i> ):
_____
_____
_____



#### IV. Details of Application

Board file number and date of the decision or order which you wish to have reviewed:

Provide a description of the facts which would justify a review of the decision or order (*use additional sheets if necessary*):

*Please attach copies of any relevant documents*

#### V. Description of Decision or Order which the Applicant is Seeking

What decision or order do you wish the Board to make? (*use additional sheets if necessary*)

#### VI. Language of Choice for Board Proceedings

English     French     Bilingual

Signature of Applicant  
or Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_

The personal information provided on this form is collected solely for the purpose of administering the *Status of the Artist Act* and may be accessed by contacting the Board. The information may appear in the Board's written reasons for decision which may be posted on the Board's Website.

***Send a copy to all affected parties.***