



Application for Revocation of Certification

I. Applicant		
Name:		
Address:		
Telephone Number:	Facsimile Number:	E-mail:

II. Applicant's Authorized Representative	
Name of Representative:	
Address:	
Telephone Number:	Facsimile Number:

III. Sector for Which Revocation of Certification is Requested
Describe the sector in which you work <i>(use additional sheets if necessary)</i> :
What is the name of the artists' association which currently represents this sector?
On what grounds are you making this application? <i>(indicate the circumstances which apply)</i> :
<input type="checkbox"/> the certified artists' association's by-laws discriminate unfairly so as to prevent artists working in the sector from becoming or continuing as members of the association
<input type="checkbox"/> the certified artists' association is no longer the most representative of artists working in the sector
<input type="checkbox"/> the certified artists' association has not made reasonable efforts to negotiate a scale agreement for the sector
What facts can you present to justify the revocation of this certification? <i>(use additional sheets if necessary)</i>

IV. Language of Choice for Tribunal Proceedings
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Bilingual

The applicant hereby makes this application pursuant to the <i>Status of the Artist Act</i> for revocation of the certification of the above-described sector.	
_____	_____
Signature of Applicant	Date

SEND COMPLETED FORM TO:
CANADIAN ARTISTS AND PRODUCERS PROFESSIONAL RELATIONS TRIBUNAL
240 SPARKS STREET, 1ST FLOOR WEST
OTTAWA, ONTARIO, K1A 1A1

SEND A COPY TO THE ARTISTS' ASSOCIATION THAT CURRENTLY REPRESENTS THE SECTOR.