Canadian Artists and Producers Professional Relations Tribunal

Tribunal canadien des relations professionnelles artistes-producteurs

Application for Consent to Prosecute

I. Applicant

Name:

Address:

Telephone Number: Facsimile Number: E-mail:

II. Applicant's Authorized Representative

Name of Representative:

Address:

Telephone Number: Facsimile Number:

III. Respondent

Name and address of the person or association against whom the prosecution is to be brought:

Name:

Address:

Telephone Number: Facsimile Number:

IV. Particulars of the Respondent's Actions

What section(s) of the *Status of the Artist Act* is the respondent alleged to have contravened **or** with which order of the Tribunal is the respondent alleged to have failed to comply?

Provide a full description of the events, circumstances and/or actions taken by the respondent which it is alleged contravene or fail to comply with the *Act* or the Tribunal order *(use additional sheets if necessary)*:

The date on which the applicant knew of the events, circumstances or actions in question.

I hereby certify that the facts set out in this application are true to the best of my knowledge

Signature of Applicant or Authorized Representative Date

Form 10 (02/2006) Français au verso

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 RESPONDENT.