

Revised 7/22/2011

EXHIBIT "H" WORK AUTHORIZATION FORM
AFTRA Work Authorization Confirmation Form

Agency Name: _____

Performer Name: _____ AFTRA Member ID# (or SSN): _____

Effective Date (date of representation): _____ Commission Rate: _____ (not to exceed 10%)

This will confirm that, in accordance with AFTRA's Regulations Governing Agents, Rule 12C, the above referenced performer has authorized this agency to serve as the performer's agent in the following fields within AFTRA's jurisdiction:

___ All Areas (if this box is checked, do not check areas listed below)

Commercials

- ___ TV Commercials
- ___ On Camera Only
- ___ Voice-over only
- ___ Radio Commercials
- ___ Infomercials

Programs

- ___ TV Programs
- ___ Serials only
- ___ Hosting Only
- ___ Radio Programs
- ___ All Voice Over

___ Interactive/New Media/Internet

- ___ Non-Broadcast
- ___ Promos
- ___ Billboards
- ___ Broadcast/News
- ___ Interstitials

OTHER AREAS OF REPRESENTATION (not listed above): _____

SPECIFIC EMPLOYMENT: _____

This authorization is **national** in scope unless otherwise limited as follows:

___ Los Angeles ___ New York ___ Chicago _____ Other

This Work Authorization Form confirms that the performer has authorized the agent to procure and/or negotiate employment for the performer in the area(s) specified above. The provisions of Rule 12C are incorporated herein, except with respect to the provisions regarding termination, with respect to any work obtained by the agent for the performer pursuant to the performer's authorization.

This authorization shall be terminable at will by the performer or agent, upon written notice to the agent or performer and AFTRA by means providing proof of receipt (such as certified, overnight mail or email).

I certify that the above is true and accurate:

Agent's Signature

Execution Date (submit to AFTRA & performer within 15 days)

In order to be effective, this form must be sent to the performer through means providing for proof of receipt (such as certified, overnight mail or email confirmation), with a copy to AFTRA, within 15 calendar days after the date of execution.

Approved: AFTRA/ATA 7/22/2011