AFTRA TALENT CHECK AUTHORIZATION FORM

This authorization shall remain in effect until written notice of the revocation thereof, executed and acknowledged by me, and received by AFTRA with a copy to the agency listed above. This authorization SUPERSEDES ANY PRIOR DATED AUTHORIZATION that AFTRA may have on file for me with this agency or any other agency for the areas initialed by me below. DATE ARTIST'S SIGNATURE SOCIAL SECURITY NUMBER (last four digits of SS# or AFTRA ID#) THIS AUTHORIZATION IS LIMITED TO THE FOLLOWING AREAS ONLY: ARTIST MUST INITIAL the line to the left of each applicable area. Please circle C (On-Camera only) or VO (Voice-over only) if applicable. If both OC and VO applicable.	
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PROMOS (OC & VO) RADIO PROGRAMS	
VOICE-OVERS (ALL areas) BROADCAST/NEWS	
ON-CAMERA COMMERCIALS HOSTING	
RADIO COMMERCIALS BILLBOARDS (OC & VO)	
SOUND RECORDINGS INTERSTITIAL	
DAYTIME DRAMAOTHER (Specify below)	
SPECIFIC ENGAGEMENT AUTHORIZATION: This authorization shall apply to the following specific engagement only:	

Los Angeles AFTRA: Agency Dept., 5757 Wilshire Bl., 9th Fl., Los Angeles, CA 90036 New York AFTRA: Agency Dept., 260 Madison Ave., 7th Fl, New York, NY 10016