

DGACA APPLICATION • THE SOUTHERN CALIFORNIA QUALIFICATION LIST

NAME: _____

SOCIAL SECURITY # _____

ADDRESS: _____

DAY PHONE # _____

CELL/PAGER # _____

CLASSIFICATION APPLYING FOR: 2ND AD 1ST AD MC 1ST AD UPM

E-MAIL ADDRESS _____

TYPE OF APPLICATION: Initial Application Upgrade Application Interchange Application

PROJECT	CAM	MEDIA	TYPE	JOB TITLE	DATES OF EMPLOYMENT	NUMBER OF WORK DAYS			DOCUMENTATION
						PREP/REH	SHOOT	WRAP	
PROD NAME: _____ PROD CO: _____ DIRECTOR: _____ UPM: _____ AD'S/SM'S: _____					FROM: _____ TO: _____		STUDIO LCL LOC DIS LOC		<input type="checkbox"/> DEAL MEMO <input type="checkbox"/> PAY STUBS <input type="checkbox"/> CALL SHEETS <input type="checkbox"/> PROD REPORTS <input type="checkbox"/> CREW LIST <input type="checkbox"/> OTHER
PROD NAME: _____ PROD CO: _____ DIRECTOR: _____ UPM: _____ AD'S/SM'S: _____					FROM: _____ TO: _____		STUDIO LCL LOC DIS LOC		<input type="checkbox"/> DEAL MEMO <input type="checkbox"/> PAY STUBS <input type="checkbox"/> CALL SHEETS <input type="checkbox"/> PROD REPORTS <input type="checkbox"/> CREW LIST <input type="checkbox"/> OTHER
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PAGE TOTAL: _____
 GRAND TOTAL: _____

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