

**FOR CAVCO USE ONLY**

Date of receipt

Reference No.

**APPLICATION FOR AN ACCREDITED FILM OR VIDEO PRODUCTION CERTIFICATE UNDER THE PSTC**

Title of production				
Previous title(s)				
Running Time (If series, per episode)	<b>If TV series</b>	Cycle no.	Number of Episodes	Episode number(s) (From – To)

<b>Section 1</b>	<b>CORPORATE INFORMATION</b>			
<b>Copyright owner (If more than one owner, attach a separate sheet for each)</b>				
Name				
Address			Telephone N°	
			Fax N°	
			E-Mail address	
			Contact	
<b>Official Designee Information (if applicable)</b>				
Name				
Address			Telephone N°	
			Fax N°	
			E-Mail address	
			Contact	
<b>Mailing Address</b>			<input type="checkbox"/> <b>same as above, or</b>	
c/o				
Address			Telephone No.	
			Fax No.	
			E-Mail address	
			Contact	
<b>! Note: Please contact CAVCO should your address, phone or fax number change.</b>				

Production Category		
Genre	Type	Market
<input type="checkbox"/> Fiction <input type="checkbox"/> Children <input type="checkbox"/> Documentary <input type="checkbox"/> Magazine <input type="checkbox"/> Other _____	<input type="checkbox"/> Performing arts <input type="checkbox"/> Music <input type="checkbox"/> Variety <input type="checkbox"/> Educational/Instructional	<input type="checkbox"/> Anthology <input type="checkbox"/> Feature film <input type="checkbox"/> TV program <input type="checkbox"/> Mini-series <input type="checkbox"/> Direct to video <input type="checkbox"/> MOW/MFT <input type="checkbox"/> Pilot <input type="checkbox"/> Series
Total running length (in minutes)		Length in minutes (per episode)
If series, number of episodes		
Production Format		
Production	Post-Production	Delivery or release
<input type="checkbox"/> Film _____ MM <input type="checkbox"/> Other _____	<input type="checkbox"/> Film _____ MM <input type="checkbox"/> Other _____	<input type="checkbox"/> Film _____ MM <input type="checkbox"/> Other _____
<input type="checkbox"/> Tape <input type="checkbox"/> Other _____	<input type="checkbox"/> Tape <input type="checkbox"/> Other _____	<input type="checkbox"/> Tape <input type="checkbox"/> Other _____
Production Schedule		
LIVE ACTION (Canadian shooting dates)	FROM (year – month)	TO (year – month)
Preparation		
Shooting		
Post-production		
Answer print		
ANIMATION (Canadian shooting dates)	FROM (year – month)	TO (year – month)
Storyboards		
Dialogue Recording		
Design and Layout		
Animation		
Opaquing		
Post-Production		
Answer print		

Single Production		Pilot episode or two or more episodes of a series	
Total cost of production	(Canadian dollars)	Per episode cost of series	(Canadian dollars)
Total cost of production spent in Canada	(Canadian dollars)	Per episode cost of series spent in Canada	(Canadian dollars)

I hereby declare that in accordance with the terms outlined in Subsection 125.5(1) of the *Income Tax Act* and draft Subsection 9300 of the *Income Tax Regulations* which I have read and understand:

- 1) I am a duly authorized representative of the copyright owner or official designee (the "Owner");
- 2) I have the authority to make the following commitments on behalf of the Owner;
  - a) The Owner will comply with the requirements of Subsection 125.5(1) of the *Income Tax Act* and draft Subsection 9300 of the *Income Tax Regulations*;
  - b) The Owner agrees to notify the Canadian Audio-Visual Certification Office of the Department of Canadian Heritage (CAVCO) of any changes in the ownership of the copyright (and provide related documentation), which occur after the date of this application and prior to completion of production work in Canada; and;
  - c) The Owner will furnish upon request all additional records and documents deemed necessary by CAVCO.

\_\_\_\_\_

I hereby declare that the information given above and in any documents attached or requested in relation to this application is to the best of my knowledge true, correct and complete in every respect.

\_\_\_\_\_  
Authorized person's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Position or Office Held

\_\_\_\_\_  
Owner's name  
(Copyright owner or Official designee)