



# Television Commercial Roster (TCR) Application

It is your obligation to notify Contract Services of any changes in your contact information.

<b>Local/Classification</b>			
Local #:		Job Classification:	
<b>Personal Information</b>			
First Name:		Middle Name:	
Last Name:		Suffix: <i>(Jr., Sr., II, etc.)</i>	SSN:
Mailing Address:			Unit: <i>(Apt., Fl., etc.)</i>
City:	State:	ZIP Code:	Country: <i>(if not USA)</i>
Email Address:			None <input type="checkbox"/>
Cell Phone: (      )		None <input type="checkbox"/>	Home Phone: (      ) None <input type="checkbox"/>
Emergency Contact Name:		Emergency Phone: (      )	
May Contract Services use email (instead of US mail) to send you correspondence?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Certification</b>		<b>Please read carefully before signing.</b>	
I hereby certify that the facts and information submitted during the roster application process are correct and complete, and I authorize Contract Services and its agents to investigate any and all of the statements that I have made. I also authorize all persons and institutions, including my previous employers, to provide Contract Services with any information that it requests in connection with this investigation. I hereby waive any and all rights and claims I may have regarding Contract Services, its agents, employees or representatives for seeking, gathering and using such information in the application process and regarding all other persons and institutions for furnishing such information about me. I understand that false statements on this application or omissions of material information may result in my roster status being reviewed and my name being removed from the roster. Finally, I acknowledge that no promises or representations have been made to me in connection with the application process. I agree to abide by all Contract Services rules and regulations as they now or may exist in the future.			
<b>I acknowledge, understand and agree to the above:</b>			
<b>Signature:</b>			<b>Date:</b>

Return this form via email to [reception@csatf.org](mailto:reception@csatf.org), in person, by fax or mail.

Contract Services  
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Burbank, CA 91504

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