



Signatory Application

Thank you for your interest in signing your production company to an agreement with the Directors Guild of America. Upon signatory acceptance by the DGA, your company will be afforded the opportunity to work with the Industry's most experienced and creative directors and related professionals.

The Signatory Application, copyright, and financial assurance documents must be supplied to the DGA at least three (3) weeks prior to the start of principal photography in order to review and process the material. Please be prepared to expedite responses and execution of all documents required by the Guild if you are submitting the Application less than three (3) weeks before principal. Also, please note that the DGA may require a payroll deposit and residuals reserve from the signatory company prior to the start of members' employment.

Please complete the attached forms and return the entire packet to the DGA. All information should be completed as it is known or anticipated (it may be updated later). Any duplicate information should be repeated when requested, as it is all necessary for the Guild's review process. All information should legible, and clearly printed or typed.

Upon the DGA's receipt of the entire, completed Signatory Application, it will be reviewed. If acceptable, a Signatory Representative will be assigned and appropriate adherence and financial assurances documents will be forwarded to you. If the company is not deemed an appropriate signatory, you will be notified.

Directors Guild of America
Signatories & Reports Compliance Dept.
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Los Angeles CA 90048
PHONE: 310-289-5362 FAX: 310-289-5393

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I. COMPANY INFORMATION FORM (CIF)

COMPANY: _____

FORM OF ORGANIZATION (check one): Inc. LLC Ltd. Other (specify): _____

Please list the Company's primary contact for DGA business:

CONTACT: _____ TITLE: _____

TELEPHONE #: _____ FAX #: _____

Complete each of the following sections (A-G) that apply to the Applicant Company:

CIF SECTION A: CORPORATION (INC.)

Print full name as it appears on the recorded Articles of Incorporation:

Company Name: _____

Address: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

State/Foreign Country of Incorporation*: _____

State/ Foreign Country of Principal Place of Business: _____

Date of Incorporation: _____

Organization ID#: _____ Federal ID #: _____

*Copies of the Articles of Incorporation and the Statement of Corporate Officers are required.

OFFICERS:	PRINCIPAL STOCKHOLDERS**:	% OWNED
Chairman/Board: _____	_____	_____ %
President: _____	_____	_____ %
Vice President: _____	_____	_____ %
Secretary: _____	_____	_____ %
Treasurer: _____	_____	_____ %
Other: _____	_____	_____ %

** Each Principal Stockholder that is a separate company must complete the corporate information in Section F or G, as applicable.

PARENT COMPANY: If there is a parent company, please indicate name below and complete Corporate Information Sections F or G, as applicable

Parent Company Name: _____

CIF SECTION B: LIMITED LIABILITY COMPANY (LLC)

Print full name as it appears on the recorded Articles of Incorporation:

Company Name: _____

Address: _____

Contact: _____ **Title:** _____

Phone: _____ **Fax:** _____

State/ Foreign Country of Organization*: _____

Date Organized: _____

Organization ID#: _____ **Federal ID #:** _____

*Copies of the Articles of Organization and the signed Operating Agreement are required.

MEMBERS:**

MANAGERS:**

_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%
_____	%	_____	%

** Each Member and/or Manager that is a separate company must complete the corporate information in Section F or G, as applicable.

PARENT COMPANY: If there is a parent company, indicate the name below and complete Corporate Information Sections F or G.

Parent Company Name: _____

CIF SECTION C: SOLE PROPRIETORSHIP

Name: _____ **Date Registered:** _____

DBA: _____ **Date Registered:** _____

Address: _____

Phone: _____ **Fax:** _____

Federal ID #: _____

REMINDER: The DGA does not provide signatory status to Loan-Out companies. Likewise, the DGA-Producer Pension and Health Plans will not accept contributions from a member's loan-out company.

CIF SECTION D: GENERAL PARTNERSHIP OR JOINT VENTURE

Print full name as it appears on the recorded Partnership or Joint Venture Agreement:

Company Name: _____

Address: _____

Contact: _____ **Title:** _____

Phone: _____ **Fax:** _____

Organized in State/ Foreign Country*: _____

Date formed: _____

Federal ID #: _____

*A copy of the signed Partnership Agreement is required.

PARTNER OR JOINT VENTURER:**

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

**Each Partner or Joint Venturer, which is a separate company must complete the corporate information in Section F or G, as applicable.

All Individual Partners or Joint Venturers listed above must include their mailing address, phone and fax numbers (post office box is not acceptable). For additional space, please include a separate piece of paper with the required information:

PARTNER OR JOINT VENTURER ADDRESSES:

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____

Fax: _____ Fax: _____ Fax: _____

CIF SECTION E: LIMITED PARTNERSHIP (Ltd.)

Print full name as it appears on the recorded Limited Partnership Agreement:

Company Name: _____

Address: _____

Contact: _____ **Title:** _____

Phone: _____ **Fax:** _____

Organized in State/ Foreign Country*: _____

Date formed: _____

Federal ID #: _____

*A copy of the signed Partnership Agreement is required and must be provided to the DGA.

<u>GENERAL PARTNERS**:</u>	<u>LIMITED PARTNERS**:</u>
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %

**Each General or Limited Partner which is a separate company must complete the corporate information in Section F or G, as applicable.

All General and Limited Partners listed above must include their mailing addresses, phone and fax numbers (post office box is not acceptable). For additional space, please include a separate piece of paper with the required information:

<u>GENERAL PARTNER OR LIMITED PARTNER ADDRESSES:</u>		
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Phone: _____	Phone: _____	Phone: _____
Fax: _____	Fax: _____	Fax: _____

PARENT COMPANY INFORMATION

CIF SECTION F: PARENT CORPORATION (Inc.)

If parent company is an LLC, please skip to Section G.

Parent Company Name*: _____

Address: _____

Contact: _____ **Title:** _____

Phone: _____ **Fax:** _____

*A Copy of the Articles of Incorporation for the parent company are required.

State/Foreign Country of Incorporation: _____

Principal State and/or Country of Business: _____

Date of Incorporation: _____

Organizational ID #: _____ **Federal ID #:** _____

<u>OFFICERS:</u>	<u>PRINCIPAL STOCKHOLDERS</u>	<u>% OWNED</u>
Chair/Board: _____	_____	_____%
President: _____	_____	_____%
Vice President: _____	_____	_____%
Secretary: _____	_____	_____%
Treasurer: _____	_____	_____%
Other: _____	_____	_____%

Complete the appropriate Section G or F for each additional parent company, or principal stockholder which is a corporation or LLC.

Parent Company: _____

Subsidiaries: _____

SIGNED BY: _____	DATE: _____
Print Name: _____	
Corporate Title: _____	
This form must be signed by an authorized officer of the parent corporation.	

CIF SECTION G: PARENT LIMITED LIABILITY COMPANY (LLC)

Principal place of business in State/Foreign County:

Parent Company Name*: _____

Address: _____

Contact Name: _____

Phone: _____ **Fax:** _____

Organized in the State and/or Country of: _____ **Date Organized:** _____

Principal State and/or Country of Business: _____

Organization ID#: _____ **Federal ID#:** _____

*Copies of the Articles of Organization and the signed Operating Agreement are required.

Mailing Address, if different from above:

Address: _____

Contact Name: _____

Phone: _____ **Fax:** _____

MEMBERS:

MANAGERS:

_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

Complete the appropriate forms (Section G or F) as many times as necessary for each additional parent company, member or manager who is a corporation or LLC, to end at the "ultimate" parent.

Parent Company: _____

Subsidiaries: _____

SIGNED BY: _____ **DATE:** _____

Print Name: _____

Corporate Title: _____

This form must be signed by an authorized officer of the parent company.

ADDITIONAL INFORMATION

Please complete the required information in Sections H-J.

CIF SECTION H: COMPANY FINANCING INFORMATION

Does the Company submitted for signatory status have a Revolving Line of Credit?: Yes No

Lending Bank Name: _____

Contact Name: _____

Does the Parent Company have a Revolving Line of Credit?: Yes No

Lending Bank Name: _____

Contact Name: _____

Do any of the following apply? (check all that apply):

Letter of Credit Private Equity Personal Funds OTHER (explain): _____

CIF SECTION I: COLLECTIVE BARGAINING AGREEMENTS
--

Is DGA Signatory Applicant currently signatory to any other collective bargaining agreements?

Check all that apply:

SAG WGA DGC AFTRA IATSE NABET AFM OTHER: _____

Is the Parent Company currently signatory to any other collective bargaining agreements?

Check all that apply:

SAG WGA DGC AFTRA IATSE NABET AFM OTHER: _____

CIF SECTION J: COMPANY CONTACTS

AGENT FOR SERVICE OF PROCESS:

Name

Law Firm

Address

Address

City/State/Zip

Phone

Fax

BUSINESS ACCOUNTANT OR MANAGER:

Name

Company

Address

Address

City/State/Zip

Phone

Fax

OTHER CONTACT:

Name

Company

Address

Address

City/State/Zip

Phone

Fax

OTHER CONTACT:

Name

Company

Address

Address

City/State/Zip

Phone

Fax

CIF SECTION K: CORPORATE HISTORY OF PRINCIPAL OFFICERS

Is any Officer, Owner, Partner or Member of this company presently, or had been previously, an Officer, Owner or Partner involved in any other production company? Yes No

LIST ALL COMPANIES:

Principal: _____

DGA Signatory?:

Companies _____

Yes No

Yes No

Yes No

Yes No

Principal: _____

DGA Signatory?:

Companies _____

Yes No

Yes No

Yes No

Yes No

This Company Information Form must be signed by
an authorized **OFFICER, OWNER, PARTNER, or MEMBER/MANAGER** of the Company.

SIGNED BY: _____ **DATE:** _____

Print Name: _____

Title: _____

Phone: _____ **Fax:** _____

II. PROJECT INFORMATION FORM (PIF)

The below information and Sections C - F must be completed for all projects as it is currently planned, known or scheduled. Theatrical projects must also complete Section A. Television projects and commercials must also complete Section B.

PROJECT SIGNATORY CONTACT:

Contact Name: _____ Title: _____

Company: _____

Telephone: _____ Fax: _____

PRODUCTION OFFICE: Temporary Address Permanent Address

Contact Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Please indicate the type of project . Check all that apply.

THEATRICAL

- | | |
|---|--|
| <input type="checkbox"/> Motion Picture | <input type="checkbox"/> Low Budget Film |
| <input type="checkbox"/> Documentary | <input type="checkbox"/> Freelance Short |
| <input type="checkbox"/> Experimental <30min/≤\$50K | |

TELEVISION

- | | |
|---|---|
| <input type="checkbox"/> Motion Picture | <input type="checkbox"/> Live |
| <input type="checkbox"/> Single-Camera | <input type="checkbox"/> Documentary |
| <input type="checkbox"/> Multi-Camera | <input type="checkbox"/> Presentation <30min, not for air |

COMMERCIAL

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial |
|-------------------------------------|-------------------------------------|

OTHER:

- | | |
|---|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Promo/Trailer |
| <input type="checkbox"/> Interactive | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Other (specify): _____ | |

PIF SECTION A: PROJECT INFORMATION - THEATRICAL

Title: _____

AKA Title/s: _____

Budget (U.S. Dollars): \$ _____

Screenwriter/s: _____ **WGA?:** Yes No

FORMAT: Film Digital Tape Other: _____ **LENGTH (in minutes):** _____

PROJECT TYPE (check one):

- Motion Picture Documentary Low Budget Film Experimental ≤30min/≤\$50K
 Internet (dramatic) Industrial Freelance Short Other (specify): _____

LOCATIONS:

Pre-Production: _____

Principal Photography: _____

Post Production: _____

PRODUCTION DATES:

Pre-Production Start: _____

Principal Photography Start: _____

Principal Photography Wrap: _____

Post Production Wrap: _____

Theatrical Release Date: _____

THEATRICAL FILM:

<u>NAME ALL:</u>	<u>START DATE</u>
Director: _____	_____
UPM: _____	_____
First AD: _____	_____
Key Second AD: _____	_____
2 nd Second AD: _____	_____
3 rd Second AD: _____	_____
Other: _____	_____
Other: _____	_____

PIF SECTION B: PROJECT INFORMATION - TELEVISION

Program or Series Title: _____

AKA Title/s: _____

Budget (US Dollars): \$ _____

Writer/s: _____ **WGA?:** Yes No

LOCATIONS:

Pre-Production: _____

Principal Photography: _____

Post Production: _____

PRODUCTION DATES:

Pre-Production Start: _____

Principal Photography Start: _____

Principal Photography Wrap: _____

Post Production Wrap: _____

Air/Release Date: _____

FORMAT: Film Digital Tape Other (specify): _____

MADE FOR AIR: Prime Time Non-Prime Time

TYPE OF PROGRAM:

- Dramatic TV Movie
- Sitcom Variety
- Reality Documentary
- Talk Internet (non-dramatic)
- Other (describe): _____

PROGRAM STATUS:

- Pilot
- Presentation (<30min/not for air)
- Series
- Special

LENGTH OF PROGRAM:

- 30 Minutes
- 60 Minutes
- 90 Minutes
- 120 Minutes
- Other (specify): _____

FREE TELEVISION:

- ABC PAX
- CBS PBS
- FOX UPN
- NBC WB
- List Other: _____

BASIC CABLE:

- A&E TNT
- Lifetime USA
- MTV Disney Channel
- VHI Nickelodeon
- List Other: _____

PAY TV:

- HBO Starz
- Showtime TMC
- Cinemax
- List Other: _____

SYNDICATION

DIRECT TO VIDEO

COMMERCIAL:

Product/s: _____

Advertising Agency: _____

PIF SECTION B: PROJECT INFORMATION - TELEVISION Continued

SINGLE-CAMERA:

<u>NAME ALL:</u>	<u>START DATE</u>
Director: _____	_____
UPM: _____	_____
First AD: _____	_____
Key Second AD: _____	_____
2 nd Second AD: _____	_____
Add'l Second: _____	_____
Other: _____	_____

MULTI-CAMERA, PRIME-TIME DRAMATIC:

<u>NAME ALL:</u>	<u>START DATE</u>
Director: _____	_____
UPM: _____	_____
First AD: _____	_____
Key Second AD: _____	_____
2 nd Second AD: _____	_____
Add'l Second: _____	_____
Assoc.Dir/Tech.Coord.: _____	_____
Assoc.Dir (line cut): _____	_____
Other: _____	_____

LIVE & TAPE (multi-camera, other than prime-time dramatic):

<u>LIST ALL:</u>	<u>START DATE</u>
Director: _____	_____
Assoc.Dir.: _____	_____
Stage Manager: _____	_____
2 nd SM: _____	_____
3 rd SM: _____	_____
Production Assoc./Asst. _____	_____
Other: _____	_____

PIF SECTION C: FINANCING

In spaces below, identify the specific sources providing funding to the producer, including banks, pre-production loan financiers and any other financiers.

Pursuant to Section 17-119 of the DGA Basic Agreement, Article 22 of the DGA Freelance Live and Tape Television Agreement, and the DGA Adherence Letter, producers are required to provide Proof of Performance.

PROJECTED BUDGET OF PROJECT (U.S. Dollars): \$ _____

Name of Financier:	_____		
Address:	_____ _____		
Contact Name:	_____	Title:	_____
Phone:	_____	Fax:	_____
Percentage of Budget financed: _____%			
Type of Financing:	<input type="checkbox"/> Bank Loan	<input type="checkbox"/> License Fee	<input type="checkbox"/> Distribution Advance
	<input type="checkbox"/> Gap Financing	<input type="checkbox"/> Other (explain): _____	

Name of Financier:	_____		
Address:	_____ _____		
Contact Name:	_____	Title:	_____
Phone:	_____	Fax:	_____
Percentage of Budget financed: _____%			
Type of Financing:	<input type="checkbox"/> Bank Loan	<input type="checkbox"/> License Fee	<input type="checkbox"/> Distribution Advance
	<input type="checkbox"/> Gap Financing	<input type="checkbox"/> Other (explain): _____	

If more space is needed, please provide a separate piece of paper with required information.

PIF SECTION D: FINANCIAL ASSURANCES

Please complete the required information below:

BANK INFORMATION:

Bank/Financier Name: _____

Address: _____

Contact Name: _____

Phone: _____ Fax: _____

Account Name: _____

Account Number: _____

- Is financing for this project a single-picture loan or part of a revolving credit facility? (Check one):
 SINGLE PICTURE LOAN REVOLVING LINE OF CREDIT

- Name the party that is directly receiving the loan and has the obligation to pay the loan back:

- Has the above bank loan closed?: YES NO
If yes, please provide date the Bank loan closed: _____

BOND COMPANY INFORMATION:

Company Name: _____

Address: _____

Contact Name: _____

Phone: _____ Fax: _____

- Has the above Bond Company issued the Bond?: YES NO
If yes, please provide date the Bond loan was issued: _____

SECURITY INTEREST AND LIEN INFORMATION

List ALL companies (i.e. bank, bond, financiers, distributors), agencies, unions and individuals who have or will have a security interest or lien related to the project:

Company: _____
Contact: _____
Phone: _____
Fax: _____

Company: _____
Contact: _____
Phone: _____
Fax: _____

Company: _____
Contact: _____
Phone: _____
Fax: _____

Company: _____
Contact: _____
Phone: _____
Fax: _____

Company: _____
Contact: _____
Phone: _____
Fax: _____

Company: _____
Contact: _____
Phone: _____
Fax: _____

COPYRIGHT VERIFICATION

Please complete the required information below and provide the DGA with the Form PA as registered with the United States Copyright Office, and a complete copy of the Chain of Title including all assignments unrecorded or recorded at the United States Copyright Office:

- Identify the entity which owns the underlying rights to the material and/or project at the time of Principal Photography:

Company and/or Individual/s Name: _____

Contact: _____ **Phone:** _____ **Fax:** _____

- Identify the entity that will hold the copyright once the project is completed:

Company and/or Individual/s Name: _____

Contact: _____ **Phone:** _____ **Fax:** _____

PIF SECTION E: DISTRIBUTION INFORMATION

Please complete Section E by providing information on any distributors and sales agents attached to the project. All licensees and distributors (including pre-sales) must be named:

DISTRIBUTOR: Domestic Rights

Name: _____
Address: _____

Contact: _____
Phone: _____
Fax: _____

DISTRIBUTOR: Foreign Rights

Name: _____
Address: _____

Contact: _____
Phone: _____
Fax: _____

SALES AGENT: Domestic Rights

Name: _____
Address: _____

Contact: _____
Phone: _____
Fax: _____

SALES AGENT: Foreign Rights

Name: _____
Address: _____

Contact: _____
Phone: _____
Fax: _____

COLLECTION ACCOUNT:

Is there or will there be a collection account in connection with this project? YES NO

Collection House: _____
Address: _____

Contact: _____
Phone: _____
Fax: _____

Attorney: _____
Address: _____

Contact: _____
Phone: _____
Fax: _____

■ **A Residuals Reserve may be required by the Guild.**

PIF SECTION F: PRODUCTION CONTACTS

In PIF Sections F-G, please identify the appropriate contact:

Reports Compliance Contact (Deal Memos, Earnings Reports and Employment Data Reports):

Name: _____ Title: _____

Company: _____

Phone: _____ Fax: _____

Production Supervisor:

Name: _____

Company: _____

Phone: _____ Fax: _____

Production Accountant:

Name: _____

Company: _____

Phone: _____ Fax: _____

Payroll House:

Contact Name: _____ Title: _____

Company: _____

Phone: _____ Fax: _____

Production Attorney:

Name: _____

Law Firm: _____

Phone: _____ Fax: _____

PIF SECTION G: POST-PRODUCTION CONTACTS

Screen Credits Contact:

Name: _____

Company: _____

Phone: _____ Fax: _____

Residuals Contact:

Name: _____ Title: _____

Company: _____

Phone: _____ Fax: _____

Post Production Supervisor:

Name: _____

Company: _____

Phone: _____ Fax: _____

Post Production Accountant:

Name: _____

Company: _____

Phone: _____ Fax: _____

Film Lab:

Contact Name: _____ Title: _____

Company: _____

Phone: _____ Fax: _____

Other (identify): _____

Name: _____ Title: _____

Company: _____

Phone: _____ Fax: _____

PIF SECTION H: PAYROLL DEPOSITS

The DGA will require a payroll deposit for all projects. Exceptions may be:

- Companies which have a 100% guarantee from a Qualified Distributor/Buyer (“QD”) or Qualified Residuals Payor (“QRP”) company for signatory obligations;
- Companies whose Parent Company is a QD or QRP company;
- All of the initial compensation due to the DGA-covered categories of crew is escrowed with a third party acceptable to the DGA;
- The signatory company has a long-standing, credible history with the Guild and with the DGA-Producer Pension and Health Plans.

A Signatories Representative will calculate the deposit and inform the producer. The deposit agreement must be signed and the deposit delivered to the payroll house prior to the time DGA members begin to provide their services. The payroll deposit is held until the Guild has confirmed that the correct and full payment of all compensation due to the DGA crew during principal photography, or according to an individual personal services contract, has been received by each individual.

This Project Information Form must be signed by
an **OFFICER, OWNER, PARTNER, or MEMBER/MANAGER** of the Company.

SIGNED BY: _____ **DATE:** _____

Print Name: _____

Title: _____

Phone: _____ **Fax:** _____