

American Federation of  
Labor



Utah State Federation of  
Labor

International Alliance of Theatrical Stage Employees, Local 99  
526 West 800 South  
Salt Lake City, Utah 84101  
(801) 359-0513

July 16, 2020

Welcome to IATSE Local 99!

We hope you are excited to become part of an organization that has been representing workers, like you, for well over a century. IATSE Local 99 will increase your career opportunities and help you to secure your future as a professional in the entertainment industry.

Since 1903, Local 99 has represented entertainment industry workers in Salt Lake City and beyond. Our members originally installed screens, operated projectors in movie houses, and worked on traveling shows on the Vaudeville circuit. As the entertainment industry flourished, our work and expertise evolved and expanded beyond our humble beginnings.

Today, Local 99 members and referrals work in motion pictures, commercials, convention centers, theatres, arenas, shops, and performing art centers throughout Utah and southern Idaho. Local 99 is proud to be a part of an International union that is over 150,000 members strong, with Locals spanning coast-to-coast in the U.S., its Territories, and Canada.

Workers under Local 99 administered agreements receive an extraordinary amount of benefits. The IATSE partners with the IATSE National Benefits Fund (NBF) to provide Medical Insurance plans, Pension plans and Annuity plans. These plans are employer-contributed, self-directed, and may be individually maintained between union jobs.

Workers on our MPTV List obligate themselves to a 2% assessment known as “work dues,” which can be deducted from your paycheck if you so choose. Sign and return page 6 of this packet to complete this process. If you choose not to have it deducted, you will still be responsible for the amount owed to Local 99. These work dues are in addition to quarterly dues, which are \$72 per quarter for the year of 2020 and \$77 per quarter in 2021, should you apply to become a member.

We are currently running a membership drive: anyone who has worked under any Local 99 administrated Collective Bargaining Agreement(s) for a cumulative thirty days in the past twelve months is eligible to apply for membership and have their initiation fees waived by the Local (i.e. Area Standard Agreement, AICP Commercial Agreement, Low-Budget Theatrical Agreement). The International will also waive the application fee. Applicants must provide a list of the thirty days worked, and in as many cases as possible, paystubs. A membership application can be requested via email to [front.office@ialocal99.org](mailto:front.office@ialocal99.org) or you can find a blank membership application on page 10.

At Local 99, you are part of a community that fosters a culture of continuous learning. You have access to safety and craft training classes and many physical and virtual resources to assist you in both your personal and professional lives. See pages 7-9 of this packet for more information.

Being a union worker goes far beyond paying dues and wearing union swag: in the labor movement, the sense of community that is created amongst workers is called “solidarity.” Solidarity is important to understand and practice in our daily lives because it means standing with and supporting all other workers, simply because they are workers, like you. IATSE workers are there to support each other, because when we speak up together, we are always more powerful than when we act on our own.

Welcome! Please return pages 3-6 to [front.office@ialocal99.org](mailto:front.office@ialocal99.org). If you have any questions, please don’t hesitate to call.

In Solidarity,  
Local 99 Trustees, Business Agents, and Financial Secretary

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## IATSE Local 99 Motion Picture/Television Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ GED?: YES ☐ NO ☐

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

## MP & TV DEPARTMENT & CRAFTS LIST

Select up to two.

<u>ART</u>	<u>CONSTRUCTION</u>	<u>GREENS</u>	<u>PAINT</u>	<u>SET DECORATING</u>
Art Dept. Coordinator	Coordinator	Foreman	Charge Scenic	Decorator
Set Designer	Foreman	Gang Boss	Scenic Artist	Leadman
Graphic Artist	Buyer	Greensman	Foreman	Draper
	Gang Boss		Gang Boss	Dresser
<u>CRAFT SERVICE</u>	Toolman	<u>SPECIAL EFFECTS</u>	Sign Writer	On-Set Dresser
Key Craft Service	Propmaker	Coordinator	On-Set Painter	Buyer
Asst. Craft Service	Model Maker	Foreman	Set Painter	
	Welder	Effects Technician	Utility	<u>SOUND/VIDEO</u>
<u>ELECTRICAL</u>	Utility			Mixer
Gaffer		<u>GRIP</u>	<u>PLASTER</u>	Boom Operator
Best Boy	<u>PROPS</u>	Key Grip	Foreman	Utility
Lamp Operator	Prop Master	Best Boy	Plasterer	Playback Operator
Generator Operator	Asst. Prop Master	Dolly Grip		24-Frame Playback
Dimmer Operator	Props Person	Grip	<u>WARDROBE</u>	Projectionist
Electrician	Armorer		Costume Designer	Video Playback
Dimmer Board Op	Marine Coordinator		Supervisor	Video Assist
	Picture Car Coordinator		Key Costumer	ENG Sound
<u>PRODUCTION</u>	On-Set Picture Cars/Boats		Key Set Costumer	
Office Coordinator	Boat Handler		Set Costumer	<u>MISC</u>
Asst. Coordinator	<u>RIGGING</u>	<u>HAIR/MAKE-UP</u>	Costumer	Medic*
Payroll Accountant	Key Grip	Head Dept.	Ager/Dryer	Set Teacher*
Accountant	Gaffer	Key	Seamstress/ Tailor	Script Supervisor
1st Asst. Accountant		Assistant	Buyer	
2nd Asst. Accountant				

### CERTIFICATIONS LIST

(If you choose one of the crafts above with \* , you must have a current certification from the below list.)

Ariel Work Platform	OSHA
CPR/First Aid	Safety Passport
ETCP	SCUBA
Fall Protection	SPRAT
Federal or State Explosive License	Teaching:
Forklift Certification	UT State Education Certificate
Medic: ACLS, AMLS, BLS, CAN,	Welding
EMS, EMT, LPN, NPQ Firefighter, PALS,	
Paramedic, RN	

### SPECIAL SKILLS LIST

(You may list up to three of the special skills provided below.)

Alterations	Metal Fabrication
Arena Rigging	Puppet Fabrication
Arial Platforms	Storyboard Artist
CAD	Teleprompter Operator
Genny Operator	Welder
Marksmanship Coach	

## References

*Please list two professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Previous Motion Picture/Television Employment

*You may also attach a resume to this application.*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact your previous supervisor for a reference? YES ☐ NO ☐

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact your previous supervisor for a reference? YES ☐ NO ☐

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ May we contact your previous supervisor for a reference? YES ☐ NO ☐

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization for Employer to Deduct Assessments

Effectively immediately, the undersigned assigns Local 99 of the International Alliance of Theatrical Stage Employees the sum of 2% of all wages earned, and authorizes and directs all signatory employer(s) to the list of agreements below to deduct such sum from their wages and to remit the same to said union as a work assessment. This assignment shall be irrevocable for a period of at least one year, and shall be automatically renewed, with the same irrevocability, for successive like periods, unless terminated by the undersigned in writing not more than twenty (20) nor less than ten (10) days prior to expiration of such period.

Print Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Videotape Agreement  
Area Standards Agreement (ASA)  
Low Budget Theatrical Agreement (LBA)  
AICP Commercial Agreement  
Independent Commercial Agreement  
Music Video Agreement (prob not used very often!)  
Pay TV Agreement (episodic HBO, STARZ, Showtime, Cinemax)  
HBO Films Agreement (HBO long form)



# IATSE ENTERTAINMENT & EXHIBITION INDUSTRIES TRAINING TRUST FUND

PROVIDING TRAINING OPPORTUNITIES FOR THE IATSE WORKFORCE

## FREE TRAINING FOR MOTION PICTURE AND TELEVISION WORKERS COVERED BY THE IATSE AREA STANDARDS AGREEMENT

### STEP 1: SUBMIT AN APPLICATION

Fill out the form on the next page and email your completed application to [safety@iatsetrainingtrust.org](mailto:safety@iatsetrainingtrust.org).

### STEP 2: RECEIVE YOUR REGISTRATION PIN VIA EMAIL

Contract Services Safety Pass will email your registration PIN within 1-2 weeks of submitting your application to the IATSE TTF. Check your inbox and junk mail folder:

From: CSATF <[no-reply@email.csatf.org](mailto:no-reply@email.csatf.org)>

Subject: Your Contract Services Portal account is ready

### STEP 3: REGISTER YOUR PORTAL ACCOUNT

Use the PIN to register your Safety Pass portal account.

### STEP 4: COMPLETE THE ONLINE SAFETY TRAINING COURSES

Click the [LOG INTO COURSES](#) → button on the IATSE TTF website ([www.iatsetrainingtrust.org/asa](http://www.iatsetrainingtrust.org/asa)) and start taking the online safety courses through your Safety Pass portal account. The courses do not have to be completed in one sitting. They will pick up where you left off.

### COURSE DESCRIPTIONS

#### **"A" – General Safety Training/Injury and Illness Prevention Program (IIPP) | 1 hour**

This course explains safety orientation, employee/employer rights and responsibilities, hazard communications, use of personal protection equipment, proper lifting techniques, emergency action procedures, and general production safety procedures.

#### **"A2" – Environmental Safety | 3 hours**

This course covers a wide range of subjects, including studio lot and location safety, heat illness, severe weather, disaster/emergency response, environmental awareness, transportation of dangerous goods, electrical safety, and workplace cleanliness.

#### **"HP1" – Harassment Prevention 1 | 1 hour**

This course will assist individuals to identify behaviors that create or contribute to unlawful harassment, discrimination, and retaliation. It also offers information on how to respond to incidents of harassment in the workplace.

OR

#### **"HP2" – Harassment Prevention 2 | 2 hours**

This course will assist individuals to identify behaviors that create or contribute to unlawful harassment, discrimination, and retaliation. It also offers information on how to assist in preventing and responding to incidents of harassment in the workplace.

***HP2 is for department heads, keys, and those with supervisory responsibilities. Do not take both HP courses. You may be billed if you take both HP courses without authorization from the IATSE TTF.***



# MOTION PICTURE TV ONLINE SAFETY COURSES APPLICATION FOR WORKERS COVERED UNDER THE AREA STANDARDS AGREEMENT



The IATSE Training Trust Fund in partnership with Contract Services Safety Pass provides free, online, safety training for all motion picture and television workers working under the IATSE Area Standards Agreement.

Email your application to [safety@iatsetrainingtrust.org](mailto:safety@iatsetrainingtrust.org) to enroll in A, A2, and HP1 (or HP2\*) Safety Pass courses.

\*HP2 is for department heads, keys, and those with supervisory responsibilities. Participants are only authorized to take one HP course. Please note you may be billed if you take both HP courses without authorization from the TTF.

Please allow up to two weeks for processing. We will email you once your application is processed and you can enroll in the online courses. Visit our website for more details: [www.iatsetrainingtrust.org/asa](http://www.iatsetrainingtrust.org/asa)

GENERAL INFORMATION	
LAST NAME	FIRST NAME
DATE OF BIRTH	
STREET ADDRESS	
CITY	
STATE	
ZIP CODE	
MAILING ADDRESS	
EMAIL ADDRESS	
PHONE NUMBER	
JOB INFORMATION	
IATSE UNION MEMBER	<input type="radio"/> YES <input type="radio"/> NO
NON-MEMBER WORKING UNDER IATSE ASA AGREEMENT	
<input type="radio"/> YES <input type="radio"/> NO	
IATSE LOCAL #	PRIMARY JOB CLASSIFICATION
LINKEDIN LEARNING SUBSCRIPTION	
NEWSLETTER SUBSCRIPTION	
<input type="radio"/> CHECK HERE FOR A FREE LINKEDIN LEARNING SUBSCRIPTION	
<input type="radio"/> CHECK HERE TO SUBSCRIBE TO THE TTF NEWSLETTER	
CERTIFICATION	
<p>I certify that all the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this form. I agree and understand that the IATSE Training Trust Fund will share my name and contact information with my local union and employer to verify my eligibility and enrollment status as well as confirm course completion. I also understand that the IATSE TTF will share my name, email address, and other personally identifiable information on this application with Contract Services Safety Pass, so they can email me about registering for these courses. Contract Services Safety Pass will in turn share information pertaining to my account activation, course registration, and course completions. Any photographs taken at this course with my image may be used in IATSE, IATSE TTF, and CSATTF materials. I also understand that the IATSE TTF will share my name, email address, and other personally identifiable information on this application with the LMS manager, so they can email me my credentials.</p>	
APPLICANT SIGNATURE	TODAY'S DATE

These policies are subject to change at any time by the trustees. The application and/or interpretation of these policies shall at all times be subject to the discretion of the trustees, to the fullest extent permitted by law.

IATSE TTF USE ONLY ☐ ELIGIBLE

☐ INELIGIBLE

DATE ENTERED

INITIALS



# IATSE TRAINING TRUST FUND **SAFETY FIRST!** **ONLINE COURSES**

Introduction to Basic Entertainment Safety  
Biological Hazards  
Hazard Communication: Workplace Chemicals  
Chemical Protection  
Electrical Safety  
Fall Prevention and Protection  
Elevated Work Platforms and Aerial Lifts  
Scaffold Safety  
Ergonomics  
Noise Exposure  
Confined Space/Small Space Awareness  
Firearms Safety  
Hand and Portable Power Tools  
Compressed Gases  
Rigging Safety  
Welding and Cutting

**apply today**

[www.iatsetrainingtrust.org/safetyfirst](http://www.iatsetrainingtrust.org/safetyfirst)





# IATSE TTF SAFETY FIRST! ONLINE COURSES APPLICATION

You must be an IATSE TTF Beneficiary to be eligible for this program. A TTF Beneficiary is any individual who is an active IATSE member or is working under an IATSE agreement. You will receive a confirmation email with your credentials once we've confirmed your eligibility for TTF benefits.

Email your application to [onlinecourses@iatsetrainingtrust.org](mailto:onlinecourses@iatsetrainingtrust.org).

GENERAL INFORMATION			
LAST NAME		FIRST NAME	DATE OF BIRTH
STREET ADDRESS		CITY	STATE ZIP CODE COUNTRY
MAILING ADDRESS			
EMAIL		PHONE	
JOB INFORMATION			
IATSE UNION MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO		NON-MEMBER WORKING UNDER IATSE AGREEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
IATSE LOCAL #		PRIMARY JOB CLASSIFICATION <b>Select Primary Job Classification</b>	
LINKEDIN LEARNING SUBSCRIPTION		NEWSLETTER SUBSCRIPTION	
<input type="checkbox"/> CHECK HERE FOR A FREE LINKEDIN LEARNING SUBSCRIPTION		<input type="checkbox"/> CHECK HERE TO SUBSCRIBE TO THE IATSE TTF NEWSLETTER	
CERTIFICATION			
<p><i>I certify that the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information I have given on this form. I agree and understand that the IATSE Training Trust Fund will share my name and contact information with my local union and employer to verify my eligibility, enrollment status, and course completion. I also understand that the IATSE TTF will share my name, email address, and other personally identifiable information on this application with the LMS manager, so they can email me my credentials.</i></p>			
APPLICANT SIGNATURE		TODAY'S DATE	

*These policies are subject to change at any time by the trustees. The application and/or interpretation of these policies shall at all times be subject to the discretion of the trustees, to the fullest extent permitted by law.*

IATSE TTF USE ONLY ☐ ELIGIBLE ☐ INELIGIBLE ☐ CONFIRMED ACCESS DATE

## IMPORTANT CONTACT INFORMATION

**It is your responsibility to keep your contact information updated.** If you get a new cell phone number, email address, or mailing address notify the office via email at [front.office@ialocal99.org](mailto:front.office@ialocal99.org).

Website: [www.iatse99.org](http://www.iatse99.org)

### **IATSE Local 99**

Union Hall Address: 526 W 800 S, Salt Lake City, Utah 84101

Phone Number: (801) 359-0513

For general questions:

[front.office@ialocal99.org](mailto:front.office@ialocal99.org)

### **Local 99 Trustees**

C. Faye Harper

Peter Marley

John Gorey

Allison Smartt

### **Local 99 Business Agent**

Business Agent: Constance Mallula

Phone: (801) 554-4334

Email: [stagecraft@ialocal99.org](mailto:stagecraft@ialocal99.org)

### **IATSE National Benefits Funds, Health, Annuity, and/or Retirement Plans**

Office Address: 417 5th Ave, 3rd Floor, New York, NY 10016

Phone Number(s): Main Number, (212) 580-9092; Toll Free Number, 800-456-FUND (3863)

Fax: (212) 787-3607

Email: [psc@iatsenbf.org](mailto:psc@iatsenbf.org)

Website: <http://www.iatsenbf.org/>

## **Common MPTV Employer Payroll Contacts**

Employer	Contact Name/Department	Phone #	Email	Fax #
Atmosphere Studios	Min Tran, Payroll dept	(801) 703- 5859		
Cast & Crew	Julie Totta	(818) 972-3233	<a href="mailto:jtotta@castandcrew.com">jtotta@castandcrew.com</a>	
Entertainment Partners	Bob Pucher	(818) 955-6166	<a href="mailto:RPucher@ep.com">RPucher@ep.com</a>	



THIS APPLICATION MUST BE ACTED UPON  
WITHIN SIX MONTHS OTHERWISE A NEW  
APPLICATION MUST BE SUBMITTED.

THIS APPLICATION MUST BE ACCOMPANIED BY THE  
\$100.00 PROCESSING FEE OR \$10.00 PROCESSING  
FEE FOR SPECIAL DEPARTMENT LOCAL UNIONS.

**Application for Membership in a Local Union**  
**of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians,**  
**Artists and Allied Crafts of the United States, Its Territories and Canada**

I hereby make application for membership in Local No. \_\_\_\_\_ of the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada ("the Union"). I base my application for membership on the following facts, which I affirm to be true:

I, \_\_\_\_\_, was born on \_\_\_\_\_ and presently  
(Print or Type Name) (Month) (Day) (Year)

reside at \_\_\_\_\_  
(Street) (City) (State/Province) (Zip/Postal Code)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Do you have a Twitter account? ☐ Yes ☐ No

My Social Security/Insurance Number is \_\_\_\_\_

I am by occupation a \_\_\_\_\_ and have worked at the following employers in the  
entertainment industry: \_\_\_\_\_

Presently employed by \_\_\_\_\_ as a \_\_\_\_\_  
(Specify Occupation)

Previously applied for membership in a Local Union or Department of the I.A.T.S.E.? \_\_\_\_\_, to Local No. \_\_\_\_\_

Was Application rejected? \_\_\_\_\_. This application is for Journeyman \_\_\_\_\_ or Apprentice \_\_\_\_\_? (check one)

**PLEDGE**

I, the undersigned, as a condition of my membership in the International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada, do solemnly pledge myself to accept and abide by the provisions of the I.A.T.S.E. Constitution and Bylaws, as now in force and hereafter legally amended, hereby express my consent to be governed thereby in the conduct of my trade and in my relationship with the Union.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_\_

Initiation Fee \_\_\_\_\_ Amount Paid \_\_\_\_\_

(LOCAL SEAL HERE)

This application submitted by Local No. \_\_\_\_\_

Secretary \_\_\_\_\_

This is to certify that \_\_\_\_\_ has on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
been admitted to membership in Local No. \_\_\_\_\_ having fully complied with the requirements as set forth in  
the Constitution and Bylaws of the Local Union and the International Alliance of Theatrical Stage Employees, Moving  
Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada.

Member's last 4 digits of SSN/SIN \_\_\_\_\_

(LOCAL SEAL HERE)

\_\_\_\_\_, President

\_\_\_\_\_, Secretary

**THIS STUB TO BE COMPLETED AND RETURNED TO THE GENERAL OFFICE  
IMMEDIATELY FOLLOWING APPLICANT'S ADMISSION TO MEMBERSHIP.**