

BACKGROUND CLAIM INQUIRY FORM *UPGRADE ONLY*



Background Actors Department – Hollywood
 Screen Actors Guild
 5757 Wilshire Blvd, 7th Floor
 Los Angeles, CA 90036
 PHONE: 323-549-6811 FAX: 323-549-6460

New York Branch
 Screen Actors Guild
 360 Madison Ave., 12th Floor
 New York, NY 10021
 Phone: 212 944-1030 FAX: 212 944-6774

www.sag.org

Check Possible Upgrade: <input type="checkbox"/> Dialogue <input type="checkbox"/> Singer/Dancer <input type="checkbox"/> Stunt PLEASE ATTACH PHOTO AND COPIES OF VOUCHER AND PAYSTUB	Production Type: <input type="checkbox"/> Television <input type="checkbox"/> Promo <input type="checkbox"/> Theatrical
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Name:	Social Security#:
Address:	
Home Phone:	Cell:
Email:	

Production Title:	Production Company:
Employment Date:	Gross Wage Received:
Casting Agency:	Casting Agency Phone:

Dialogue or Stunt you were **DIRECTED** to do?

WHO DIRECTED you to speak dialogue, perform a stunt, professional dancing/singing?
 Director Asst. Director Producer Production Mgr.

Were you mic'd? Yes No

Scene No. _____ Take No. _____ How Many Takes? _____ Time of Upgrade _____

DESCRIPTION OF SCENE: (Include what you were wearing and where you were placed. Please be specific). If more space needed, please use back of form.

I hereby swear that the above statement is true and correct.

Signed: _____ Member # _____

THIS CLAIM MUST BE FILLED OUT COMPLETELY OR IT WILL NOT BE PROCESSED

FOR OFFICE USE ONLY:	
Claim #: _____	Assigned to: _____
Signatory Number:	Production Number:
Signatory Contact:	Production Contact:
Signatory Phone Number:	Production Phone Number:
Signatory Email/Fax#:	Production Email/Fax#:
Signatory Address:	Production Address: