



SIGNATORY APPLICATION

Directors Guild of America, Inc.

7920 Sunset Boulevard

Los Angeles, CA 90046

Phone: (310) 289-5348

Email: Signatories@dga.org

1. This signed Signatory Application, along with the items indicated below, must be submitted to the Guild at least 4 weeks before principal photography starts:

- **Signatory Application - please complete top of page 2, then go to the appropriate project type:**

Page 2 – Theatrical

Page 3 – Television

Page 4 – New Media

- Signatory Company Formation Documents
- All Parent Company Formation Documents

2. A Signatories Representative will contact you to confirm whether the entity is the appropriate Signatory Company. If so, the Representative will require the following:

- Letter of Adherence
- Deal Memos
- Low Budget Sideletter Agreement (if applicable)
- Budget (for low budget features)

3. After review of the above documentation, the Signatory Company may be required to deliver the following:

- Payroll deposits
- Chain of title (including distribution, production services and sales agency agreements)
- Guaranty
- Security Agreement
- Residuals coverage (e.g., residuals reserve, Distributor's Assumption Agreements)
- Financing agreements

PLEASE NOTE: DGA members may not be permitted to begin rendering services during principal photography until all required financial assurances are delivered. In addition, some financial assurances may be required before DGA members are permitted to travel outside of the United States or Canada.

PROJECT INFORMATION FORM

COMPLETE THIS SECTION FOR ALL PROJECTS:

LOCATIONS	PRODUCTION DATES
Pre-Production:	Pre-Production Start:
Principal Photography:	Principal Photography Start:
	Principal Photography Wrap:
Post Production:	Post Production Wrap:
Is this project SAG-AFTRA-covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this project WGA-covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Writer(s): _____	

THEATRICAL

PROJECT TITLE (include AKAs) _____

- Check One:
- Feature Film
 - Low Budget Feature
 - Documentary Feature
 - Short Film
 - Experimental (< 30 min and ≤ \$50K and not made for public exhibition)

Total Gross Budget (US\$) _____

Format: Film Digital Other _____

Running Time (in minutes) _____

(See pages 3 and 4 for other project types; skip to page 5 if this section is complete)

PROJECT INFORMATION FORM

TELEVISION

PROJECT TITLE (include AKAs) _____

Series:	<input type="checkbox"/> Episodic Series <input type="checkbox"/> Mini Series <input type="checkbox"/> Documentary Series <input type="checkbox"/> Limited Series Pilot? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Episodes: _____ Episode Total Gross Budget: (US\$): _____ Episode Length (in minutes): _____
OR:	
Single Project:	<input type="checkbox"/> Motion Picture (e.g. Movie of the Week) <input type="checkbox"/> Documentary <input type="checkbox"/> Special <input type="checkbox"/> Presentation Total Gross Budget (US\$): _____ Running Time (in minutes): _____

Format: Film Digital Other _____

Made for: Prime Time Non-Prime Time

Type: (check all that apply): <input type="checkbox"/> Single-Camera <input type="checkbox"/> Multi-Camera <input type="checkbox"/> Live	Genre: <input type="checkbox"/> Dramatic <input type="checkbox"/> Reality <input type="checkbox"/> Documentary <input type="checkbox"/> Comedy <input type="checkbox"/> Talk <input type="checkbox"/> Variety <input type="checkbox"/> Quiz & Game <input type="checkbox"/> News <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Sports	
Exhibition: <u>Free Television</u> <input type="checkbox"/> ABC <input type="checkbox"/> CBS <input type="checkbox"/> CW <input type="checkbox"/> FOX <input type="checkbox"/> NBC <input type="checkbox"/> PBS <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> First run Syndication	<u>Pay Television</u> <input type="checkbox"/> Cinemax <input type="checkbox"/> HBO <input type="checkbox"/> Showtime <input type="checkbox"/> Starz <input type="checkbox"/> TMC <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Direct-to-video	<u>Basic Cable</u> <input type="checkbox"/> A&E <input type="checkbox"/> Nat Geo <input type="checkbox"/> AMC <input type="checkbox"/> Nickelodeon <input type="checkbox"/> Discovery <input type="checkbox"/> MTV <input type="checkbox"/> Freeform <input type="checkbox"/> TBS <input type="checkbox"/> F/X <input type="checkbox"/> TNT <input type="checkbox"/> Hallmark <input type="checkbox"/> TV Land <input type="checkbox"/> Lifetime <input type="checkbox"/> USA <input type="checkbox"/> Other (specify): _____

(See pages 2 and 4 for other project types; skip to page 5 if this section is complete)

PROJECT INFORMATION FORM

MADE FOR NEW MEDIA

- Original
- Derivative, based on _____

PROJECT TITLE (include AKAs) _____

Series:

Episodic Series Mini Series Documentary Series

Limited Series

Pilot? Yes No

Number of Episodes: _____

Episode Total Gross Budget: (US\$): _____

Episode Length (in minutes): _____

OR:

Single Project:

Motion Picture Documentary Special

Total Budget (USD): _____

Running Time (in minutes): _____

Format: Film Digital Virtual Reality (VR) Other (specify): _____

<p>Type: (check all that apply):</p> <p><input type="checkbox"/> Single-Camera</p> <p><input type="checkbox"/> Multi-Camera</p> <p><input type="checkbox"/> Live</p> <p><input type="checkbox"/> Tape</p>	<p>Genre:</p> <p><input type="checkbox"/> Dramatic <input type="checkbox"/> Reality <input type="checkbox"/> Documentary</p> <p><input type="checkbox"/> Comedy <input type="checkbox"/> Talk</p> <p><input type="checkbox"/> Variety <input type="checkbox"/> Quiz & Game</p> <p><input type="checkbox"/> News <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Sports</p>
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<p>Exhibition:</p> <p>Name of platform: _____</p> <p><input type="checkbox"/> Subscription Video on Demand (Netflix, Hulu, Amazon Prime, etc.)</p> <p><input type="checkbox"/> Transactional Video on Demand (iTunes, Vimeo, etc.)</p> <p><input type="checkbox"/> Free-to-the-consumer/advertiser-supported (Crackle, Hulu, etc.)</p> <p><input type="checkbox"/> Self-distribution</p> <p><input type="checkbox"/> Other (specify website, service or carrier): _____</p>	<p>Distribution:</p> <p>Has the project been licensed in other markets (theatrical, basic cable, pay TV, free TV)?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, list all licensors below and complete information on Page 12:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>If any brand or advertising agency is involved, fill out the below:</p> <p>Product/Brand: _____</p> <p>Agency: _____</p>	<p>Other: <input type="checkbox"/> Interactive</p> <p><input type="checkbox"/> Promo Trailer</p> <p><input type="checkbox"/> Educational</p> <p><input type="checkbox"/> Other (Specify): _____</p>
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(See pages 2 and 3 for other project types; skip to page 5 if this section is complete)

PROJECT STAFFING

STAFFING WAIVERS: All staffing waivers must be approved in writing prior to principal photography by the appropriate DGA executive. Please submit a signed deal memo for each position listed below.

Theatrical/MOW/Single Camera or New Media:

Position and Name (print full name)	DGA Member?	If NO, provide contact information:	Start Date
Director:	Yes No	Phone:	
		Email:	
UPM:	Yes No	Phone:	
		Email:	
1AD:	Yes No	Phone:	
		Email:	
Key 2AD:	Yes No	Phone:	
		Email:	
Second 2AD:	Yes No	Phone:	
		Email:	
Additional 2AD:	Yes No	Phone:	
		Email:	
Second Unit Director:	Yes No	Phone:	
		Email:	
Other:	Yes No	Phone:	
		Email:	

Multi-Camera/Prime-Time Dramatic or New Media:

Position and Name (print full name)	DGA Member?	If NO, provide contact information:	Start Date
Director:	Yes No	Phone:	
		Email:	
UPM:	Yes No	Phone:	
		Email:	
1AD:	Yes No	Phone:	
		Email:	
Key 2AD:	Yes No	Phone:	
		Email:	
Second 2AD:	Yes No	Phone:	
		Email:	
Additional 2AD:	Yes No	Phone:	
		Email:	
Associate Director:	Yes No	Phone:	
		Email:	
Associate Director (line cut):	Yes No	Phone:	
		Email:	
Other:	Yes No	Phone:	
		Email:	

PROJECT STAFFING

STAFFING WAIVERS: All staffing waivers must be approved in writing prior to principal photography by the appropriate DGA executive. Please submit a signed deal memo for each position listed below.

Live & Tape (Multi-Camera, other than Prime-Time Dramatic) or New Media:

Position and Name (print full name)	DGA Member?	If NO, provide contact information:	Start Date
Director:	Yes No	Phone: Email:	
Associate Director:	Yes No	Phone: Email:	
Stage Manager:	Yes No	Phone: Email:	
2nd Stage Mgr:	Yes No	Phone: Email:	
3rd Stage Mgr:	Yes No	Phone: Email:	
Production Associate/Assistant:	Yes No	Phone: Email:	
Other:	Yes No	Phone: Email:	

SIGNATORY COMPANY INFORMATION

<p>Company Name: _____</p> <p>The Guild does not accept loan-out corporations or DBAs as signatory companies. The DGA-Producer Pension and Health Plans does not accept contributions from loan-out corporations, DBAs or sole proprietorships.</p> <p><input type="checkbox"/> DGA Member-owned?</p>	<p>Form of Organization:</p> <p><input type="checkbox"/> corporation (Inc.)</p> <p><input type="checkbox"/> limited liability company (LLC)</p> <p><input type="checkbox"/> limited partnership (LP)</p> <p><input type="checkbox"/> other (specify): _____</p>
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Please provide the required items listed below:

- Articles of Incorporation; Certificate of Formation; or other document of organization
- Certified Bylaws; Operating Agreement; other document evidencing ownership/governance

State/Country/Jurisdiction of Organization: _____

Date of Organization/Registration: _____

Organizational ID: _____ Federal Tax ID: _____

Address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Primary Contact: _____

Telephone: _____ Email: _____

Shareholders; Members; Owners: complete page 7 for each company listed below

Name (individual/company)	Percentage of Ownership
_____	_____
_____	_____
_____	_____
_____	_____

Officers; Managers; Principals: complete page 7 for each company listed below

Name (individual/company)	Title/Position
_____	_____
_____	_____
_____	_____
_____	_____

Production History:

Is any above-named individual involved in any other production company? Yes No

Name	Production Company	DGA Signatory?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT COMPANY INFORMATION

Parent Company: _____ <input type="checkbox"/> DGA Member-owned?	Form of Organization: <input type="checkbox"/> corporation (Inc.) <input type="checkbox"/> limited liability company (LLC) <input type="checkbox"/> limited partnership (LP) <input type="checkbox"/> other (specify): _____
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Please provide the required items listed below:

- Articles of Incorporation; Certificate of Formation; or other document of organization
- Certified Bylaws; Operating Agreement; other document evidencing ownership/governance

State/Country/Jurisdiction of Organization: _____

Date of Organization/Registration: _____

Organizational ID: _____ Federal Tax ID: _____

Address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Primary Contact: _____

Telephone: _____ Email: _____

Shareholders; Members; Owners: complete page 7 for each company listed below

Name (individual/company)	Percentage of Ownership
_____	_____
_____	_____
_____	_____
_____	_____

Officers; Managers; Principals: complete page 7 for each company listed below

Name (individual/company)	Title/Position
_____	_____
_____	_____
_____	_____
_____	_____

Production History:

Is any above-named individual involved in any other production company? Yes No

Name	Production Company	DGA Signatory?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach additional pages as needed.

ULTIMATE PARENT COMPANY INFORMATION

Ultimate Parent: _____ <input type="checkbox"/> DGA Member-owned?	Form of Organization: <input type="checkbox"/> corporation (Inc.) <input type="checkbox"/> limited liability company (LLC) <input type="checkbox"/> limited partnership (LP) <input type="checkbox"/> other (specify): _____
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Please provide the required items listed below:

- Articles of Incorporation; Certificate of Formation; or other document of organization
- Certified Bylaws; Operating Agreement; other document evidencing ownership/governance

State/Country/Jurisdiction of Organization: _____

Date of Organization/Registration: _____

Organizational ID: _____ Federal Tax ID: _____

Address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Primary Contact: _____

Telephone: _____ Email: _____

Shareholders; Members; Owners: complete page 7 for each company listed below

Name (individual/company)	Percentage of Ownership
_____	_____
_____	_____
_____	_____
_____	_____

Officers; Managers; Principals: complete page 7 for each company listed below

Name (individual/company)	Title/Position
_____	_____
_____	_____
_____	_____
_____	_____

Production History:

Is any above-named individual involved in any other production company? Yes No

Name	Production Company	DGA Signatory?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach additional pages as needed.

FINANCING INFORMATION

How will the project be financed? Debt Equity Combination
 Other (specify): _____

LENDER: _____ Percentage of Budget _____ %
(check all that apply) Production loan Single picture loan Loan Amount _____
 Gap financing Revolving credit facility attach copy of loan agreement
 Tax credits Other (specify): _____

Has the loan closed? Yes No If Yes, provide the date of closing: _____

Does the lender have a lien or security interest? Yes No Lien filing date: _____

Attorney/Contact: _____

Email: _____ Phone: _____

Borrower(s) (if different from Signatory Company): _____

LENDER: _____ Percentage of Budget _____ %
(check all that apply) Production loan Single picture loan Loan Amount _____
 Gap financing Revolving credit facility attach copy of loan agreement
 Tax credits Other (specify): _____

Has the loan closed? Yes No If Yes, provide the date of closing: _____

Does the lender have a lien or security interest? Yes No Lien filing date: _____

Attorney/Contact: _____

Email: _____ Phone: _____

Borrower(s) (if different from Signatory Company): _____

FINANCIER: _____ Percentage of Budget _____ %
 Equity Financing Amount _____
 Distribution Advance/Licensing Fee attach copy of financing agreement
 Personal Funds

Does the financier have a lien or security interest? Yes No Lien filing date: _____

Attorney/Contact: _____

Email: _____ Phone: _____

FINANCIER: _____ Percentage of Budget _____ %
 Equity Financing Amount _____
 Distribution Advance/Licensing Fee attach copy of financing agreement
 Personal Funds

Does the financier have a lien or security interest? Yes No Lien filing date: _____

Attorney/Contact: _____

Email: _____ Phone: _____

Please attach additional pages as needed.

PARTICIPATIONS

- 1. Is any party receiving payment from first dollar gross receipts? Yes No
- 2. Will any party be repaid before residuals are paid? Yes No

Complete the below for any party receiving payments from first dollar gross receipts:

Name _____ attach copy of underlying agreement
 Gross Participant Financier Sales Agent Distributor
How much (or what percentage) will be paid? _____
Attorney/Contact: _____
Email: _____ Phone: _____

Name _____ attach copy of underlying agreement
 Gross Participant Financier Sales Agent Distributor
How much (or what percentage) will be paid? _____
Attorney/Contact: _____
Email: _____ Phone: _____

Name _____ attach copy of underlying agreement
 Gross Participant Financier Sales Agent Distributor
How much (or what percentage) will be paid? _____
Attorney/Contact: _____
Email: _____ Phone: _____

COLLECTION ACCOUNT MANAGEMENT AGREEMENT

Will there be a CAMA? Yes No If Yes, complete the below:
CAMA Territory: worldwide foreign domestic other (specify): _____
Will any party be paid before the CAMA becomes effective? Yes No
If Yes, identify such parties: _____

COPYRIGHT

Please provide a copy of complete Chain-of-Title, including documents not recorded with U.S. Copyright Office.

Who currently owns copyright? _____

Who will own copyright after the project is completed? _____

Who currently has any rights in the projects, including via transfer, assignment or license? _____

Identify any parties will a security interest in the rights: _____

Is the screenplay or teleplay registered with U.S. Copyright Office? Yes No

If Yes, provide the registration date: _____

Who is/will be the Copyright Claimant on the Form PA? _____

SALES AGENT

Sales Agent (specify): _____

Territory: worldwide foreign domestic other (specify): _____

Term: _____ Media/Rights: _____

Contact: _____ Email: _____ Phone: _____

Sales Agent (specify): _____

Territory: worldwide foreign domestic other (specify): _____

Term: _____ Media/Rights: _____

Contact: _____ Email: _____ Phone: _____

Sales Agent (specify): _____

Territory: worldwide foreign domestic other (specify): _____

Term: _____ Media/Rights: _____

Contact: _____ Email: _____ Phone: _____

Please attach additional pages as needed.

LICENSING AND DISTRIBUTION

The Guild may require a residuals reserve. In that case, a Signatories Representative will inform the Employer of the reserve amount. The reserve will be drawn upon to pay residuals as they become due and payable.

Will Distributor be delivering an executed Assumption Agreement or QD/QRP letter for all licensed rights? **CHECK ALL THAT APPLY:**

<input type="checkbox"/> Letter of Guaranty from QD/QRP company (specify): _____ Territory: <input type="checkbox"/> worldwide <input type="checkbox"/> foreign <input type="checkbox"/> domestic <input type="checkbox"/> other (specify): _____ Term: _____ Media/Rights: _____ Contact: _____ Email: _____ Phone: _____ <input type="checkbox"/> QD <input type="checkbox"/> QRP
<input type="checkbox"/> Letter of Guaranty from QD/QRP company (specify): _____ Territory: <input type="checkbox"/> worldwide <input type="checkbox"/> foreign <input type="checkbox"/> domestic <input type="checkbox"/> other (specify): _____ Term: _____ Media/Rights: _____ Contact: _____ Email: _____ Phone: _____ <input type="checkbox"/> QD <input type="checkbox"/> QRP

<input type="checkbox"/> Assumption Agreement from Distributor/Buyer (specify): _____ Territory: <input type="checkbox"/> worldwide <input type="checkbox"/> foreign <input type="checkbox"/> domestic <input type="checkbox"/> other (specify): _____ Term: _____ Media/Rights: _____ Contact: _____ Email: _____ Phone: _____
<input type="checkbox"/> Assumption Agreement from Distributor/Buyer (specify): _____ Territory: <input type="checkbox"/> worldwide <input type="checkbox"/> foreign <input type="checkbox"/> domestic <input type="checkbox"/> other (specify): _____ Term: _____ Media/Rights: _____ Contact: _____ Email: _____ Phone: _____

Please attach additional pages as needed.

CONTACT INFORMATION

SIGNATORY COMPANY:

Primary Contact: _____ Title: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Production Office (if different from above): temporary permanent

Primary Contact: _____ Title: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Accountant:

Contact: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Post Production Supervisor:

Contact: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Post Production Accountant:

Company: _____

Contact: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Production Attorney:

Name: _____ Law Firm: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Agent for Service of Process:

Name: _____ Law Firm: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Reports Compliance Contact (Deal Memos, Weekly Work Lists, Quarterly Earnings and Employment Data Reports):

Name: _____ Title: _____ Company: _____

Email: _____ Phone: _____

Screen Credits Contact:

Name: _____ Title: _____ Company: _____

Email: _____ Phone: _____

Residuals Contact:

Name: _____ Title: _____ Company: _____

Email: _____ Phone: _____

PAYROLL DEPOSITS

The Signatories Representative will calculate and inform the Employer of the amounts required to fund drawdowns and deposits for compensation and benefit plan contributions.

The drawdown and deposit agreements must be signed, and the funds must be delivered to the payroll house no later than 5 business days prior to the commencement of principal photography.

Payroll House: _____ Contact: _____

Phone: _____ Email: _____

RESIDUALS RESERVE

The Guild may require a residuals reserve. The Signatories Representative will inform the Employer whether a Residuals Reserve is required and the amount, if applicable. The reserve will be drawn upon to pay residuals as they become due and payable.

BOND COMPANY

Bond Company: _____

Address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Attorney/Contact: _____

Email: _____ Phone: _____

Bonded entity/ies: _____

Was the bond issued? Yes No If Yes, provide bond closing date: _____

Does the bond company have a security interest? Yes No If Yes, provide filing date: _____

CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The undersigned, by signing below, certifies, represents and warrants that: (a) s/he has the requisite power and authority to sign this document on behalf of the Signatory Company; (b) s/he reviewed the foregoing information; and (c) such information is complete, true and accurate to the best of her/his knowledge. Further, the undersigned acknowledges and agrees any omission, misrepresentation or false statement of fact knowingly made herein and material to the financial assurances delivered by the Signatory Company to the Guild will constitute a default under the Security Agreement applicable to this project. A scanned or electronic signature has the same force and effect as an original signature.

Signatory Company:

By: _____ Date: _____

(Signature)

Print Name: _____ Title: _____