



# SIGNATORY APPLICATION

Directors Guild of America, Inc.

7920 Sunset Boulevard

Los Angeles, CA 90046

Phone: (310) 289-5316

Email: [Signatories@dga.org](mailto: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:**

<b>LOCATIONS</b>	<b>PRODUCTION DATES</b>
Pre-Production:	Pre-Production Start:
Principal Photography:	<b>Principal Photography Start:</b>
	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) \_\_\_\_\_

<b>Series:</b>	<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): _____
<b>OR:</b>	
<b>Single Project:</b>	<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

<b>Type:</b> (check all that apply):  <input type="checkbox"/> Single-Camera <input type="checkbox"/> Multi-Camera <input type="checkbox"/> Live	<b>Genre:</b> <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	
<b>Exhibition:</b> <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><b>Type:</b> (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><b>Genre:</b></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 &amp; Game</p> <p><input type="checkbox"/> News                             <input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Sports</p>
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<p><b>Exhibition:</b></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><b>Distribution:</b></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><b>If any brand or advertising agency is involved, fill out the below:</b></p> <p>Product/Brand: _____</p> <p>Agency: _____</p>	<p><b>Other:</b> <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><b>Company Name:</b> _____</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><b>Form of Organization:</b></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**

<b>Parent Company:</b> _____ <input type="checkbox"/> DGA Member-owned?	<b>Form of Organization:</b> <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**

<b>Ultimate Parent:</b> _____ <input type="checkbox"/> DGA Member-owned?	<b>Form of Organization:</b> <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    Production loan    Single picture loan   Loan Amount \_\_\_\_\_  
that apply)    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    Production loan    Single picture loan   Loan Amount \_\_\_\_\_  
that apply)    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"/> <b>Letter of Guaranty from QD/QRP company</b> (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"/> <b>Letter of Guaranty from QD/QRP company</b> (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"/> <b>Assumption Agreement from Distributor/Buyer</b> (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"/> <b>Assumption Agreement from Distributor/Buyer</b> (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: \_\_\_\_\_



Directors Guild of America  
 7920 Sunset Blvd.  
 Los Angeles, CA 90046  
 (310) 289-2000  
 RCForms@dga.org

## DIRECTOR DEAL MEMORANDUM TELEVISION and HIGH BUDGET SVOD PROGRAMS (per Sideletter No. 35 to BA)

Deal Memos must be submitted no later than commencement of services, pursuant to Basic Agreement Article 4-108 and Sideletter No. 35, and FLTTA Article 14, Section A.1. and 2.

This confirms our agreement to employ you to direct the project described as follows:

**DIRECTOR INFORMATION:**

Name: \_\_\_\_\_ SSN# (last 4 digits): \_\_\_\_\_  
 Loanout: \_\_\_\_\_ FID. #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
 \_\_\_\_\_

Start Date (on or about): \_\_\_\_\_ Guaranteed Period: \_\_\_\_\_  Days  Weeks

Salary (U.S. Dollars): \$ \_\_\_\_\_  per Program  per Week  per Day

Additional Time: \$ \_\_\_\_\_  per Week  per Day

Check, if applicable:  Second Unit Director  Segment  Added Scenes/Retakes

Other Conditions (including credit above minimum): \_\_\_\_\_

**PROJECT INFORMATION:**

Project Title: \_\_\_\_\_

Episode #: \_\_\_\_\_ Episode/Segment Title: \_\_\_\_\_

Length of Television Program:  30 min  60 min  90 min  120 min  Other: \_\_\_\_\_

Length of High Budget SVOD Program:  20-35 min  36-65 min  66-95 min  96 min or more

Is this a Pilot?:  Yes  No

Produced Primarily for initial exhibition/availability:

A. Where. (Please check only one of the following boxes.)

- Network TV  Basic Cable  Home Video  
 Non-Network Free TV  Pay TV  High Budget SVOD (as defined in Sideletter No. 35 of BA)

B. When. (Complete this Subsection B. only for a picture made for initial Network TV, Non-Network Free TV, or Pay TV exhibition. Please check only one of the following boxes.)

- Prime Time  Non-Prime Time

Type of Program:  Multi-Camera  Single Camera

If High Budget SVOD Program, please also indicate name of platform for which program is made: \_\_\_\_\_

INDIVIDUAL having final cutting authority over the film is: \_\_\_\_\_

**ACCEPTED AND AGREED:**

**The Employee hereby authorizes the Employer to deduct from his or her salary the amount specified in the Directors Guild of America Basic Agreement as the Employee's contribution to the Directors Guild of America-Producer Pension Plan. The Employer will pay the amount so deducted directly to the Pension Plan on the Employee's behalf.**

THE UNDERSIGNED RESERVES THE RIGHT TO DISCHARGE THE EMPLOYEE AT ANY TIME SUBJECT ONLY TO THE OBLIGATION TO PAY THE BALANCE OF ANY COMPENSATION DUE, TO THE EXTENT REQUIRED BY THE DGA BASIC AGREEMENT TO WHICH THIS EMPLOYMENT IS SUBJECT.

Signatory Employer (Company Name): \_\_\_\_\_

Signatory Employer Representative Signature: \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_

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





Directors Guild of America  
 7920 Sunset Blvd.  
 Los Angeles, CA 90046  
 (310) 289-2000  
 RCForms@dga.org

## UNIT PRODUCTION MANAGER, ASSISTANT DIRECTOR, ASSOCIATE DIRECTOR DEAL MEMORANDUM WEEK-to-WEEK or DAILY EMPLOYMENT

Deal Memos must be submitted no later than commencement of services,  
 pursuant to Basic Agreement Article 13-107 and Sideletter No. 35

This confirms our agreement to employ you on the project described as follows:

### AD/UPM INFORMATION:

Name: \_\_\_\_\_ SSN# (last 4 digits): \_\_\_\_\_  
 Loanout: \_\_\_\_\_ FID. #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
 \_\_\_\_\_

Category:     Unit Production Manager                       Additional Second Assistant Director  
                   First Assistant Director                       2nd Second Assistant Director - Location Manager (in NY/Chicago only)  
                   Key Second Assistant Director                       Associate Director (line cut)  
                   2nd Second Assistant Director                       Associate Director (no line cut)

Start Date (on or about): \_\_\_\_\_ Guaranteed Period: \_\_\_\_\_  One Day     3 Days     Week  
 Salary (U.S. Dollars): Studio: \$\_\_\_\_\_ Distant Location: \$\_\_\_\_\_ per  Day  3 Days  Week, and shall be prorated thereafter  
 Only if specifically hired for second unit or added scenes/retakes, check:  Second Unit     Added Scenes/Retakes  
 Other Conditions: \_\_\_\_\_

### PROJECT INFORMATION:

Series or Project Title: \_\_\_\_\_  
 Episode #: \_\_\_\_\_ Episode/Segment Title: \_\_\_\_\_

Type of Production:     Feature                       Multi-Camera Prime-Time Dramatic                       Other Television  
                                   Single-Camera                       High Budget SVOD Program (as defined in Sideletter No. 35 of the BA)

If High Budget SVOD Program, please also indicate:

Name of platform for which program is made: \_\_\_\_\_  
 Length of High Budget SVOD program:     20-35 min     36-65 min     66-95 min     96 min or more

Location (choose one or both):     Studio     Distant Location (City/State or Country): \_\_\_\_\_

Budget for Basic Cable Dramatic Programming (check one):

30 minutes:	<input type="checkbox"/> < \$550,000	<input type="checkbox"/> ≥ \$550,000 and ≤ \$875,000	<input type="checkbox"/> > \$875,000
31-60 minutes:	<input type="checkbox"/> < \$1,200,000	<input type="checkbox"/> ≥ \$1,200,000 and ≤ \$1,493,500	<input type="checkbox"/> > \$1,493,500
61-120 minutes:	<input type="checkbox"/> < \$2,750,000	<input type="checkbox"/> ≥ \$2,750,000 and ≤ \$4,635,000	<input type="checkbox"/> > \$4,635,000

### ACCEPTED AND AGREED:

**This employment is subject to the provisions of the Directors Guild of America, Inc., Basic Agreement.**

Signatory Employer (Company Name): \_\_\_\_\_

Signatory Employer Representative Signature: \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_

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

**DIRECTORS GUILD OF AMERICA, INC.**  
**REPORTS COMPLIANCE**

Deal memoranda and the reports described below must be submitted to:

rcforms@dga.org

Phone: 310-289-2064

**DEAL MEMORANDA (“DM”)** [BA Paragraphs 4-108 and 13-107]

Fully-executed and complete deal memos are due at the Guild prior to the commencement of employment of every DGA-covered employee. Please make sure all required fields on the deal memo are complete, and that the DGA member and an authorized representative of the signatory company sign the form before submitting to the Guild. Incomplete or incorrect deal memos will be returned to production for correction.

**EMPLOYMENT DATA REPORT (“EDR”)** [BA Art. 15 and FLTTA Art 19]

Employers are required to submit only one report after the project wraps, taking into account all members employed on the project during principal photography. The EDR should not include DGA Trainees. If an Employer is unable to submit the EDR within the required time period, it may request an additional 15 days within which to submit the report, which request the Guild will not unreasonably deny. (*See enclosed instructions for additional submission requirements.*)

**EMPLOYER QUARTERLY GROSS EARNINGS REPORT (“GER”)** [BA 1-501 and FLTTA Art. 5]

Within 15 days of the close of each calendar quarter, the company must submit a list of all persons employed in DGA-covered categories and their total gross earnings for that quarter. Please provide the last 4 digits of the SSN for each individual listed, and the name of the project. Each report must cover only one signatory company but may include multiple projects by that company.

Gross earnings include, but are not limited to:

- |                               |                      |                                   |
|-------------------------------|----------------------|-----------------------------------|
| * salary (prep, shoot & post) | * production fee     | * completion of assignment        |
| * extended workday/overtime   | * turnaround pay     | * holiday pay (worked & unworked) |
| * vacation pay                | * series sales bonus | * capricious discharge pay        |

Gross earnings should not include residuals payments of any kind, per diem (including incidentals), travel allowance, profit participation, gross participation and reimbursements which are not compensation for services rendered under the BA or FLTTA. If the company uses a payroll company (e.g., Entertainment Partners, Cast and Crew, etc.) to pay employees, the payroll company may submit a GER to the Guild. Be sure to confirm with the payroll company prior to submission to avoid duplication.

**WEEKLY WORK LIST (“WWL”)** [BA 1501]

The company must submit a Weekly Work List to the Guild listing all members’ categories and dates of employment for their work on the project the previous week. Be sure to list only individuals employed in DGA-covered categories and exclude anyone working in a non-covered position (e.g., DGA Trainee or Producer).

**Note:** Category distinctions are important, to avoid confusion, please use the following abbreviations: Unit Production Manager = UPM, First Assistant Director = 1AD, Key Second Assistant Director = 2AD, Second 2nd Assistant Director = 2nd 2AD, Additional Second Assistant Director = Add'l 2AD.

*Deal memoranda and other Reports Compliance forms can be found on the DGA website at [www.dga.org](http://www.dga.org).  
(At the top of the homepage, place the cursor on "Employers," select "Deal Memos & Reports Compliance Forms.")*

## Instructions for Employment Data Report

Pursuant to Article 15 of the DGA Basic Agreement and Article 19 of the DGA Freelance Live & Tape Television Agreement, Employers must submit a report identifying the gender and ethnicity of persons employed in DGA-covered categories. The report must also identify Directors employed on **prime-time dramatic television** programs who have no prior credits on prime time dramatic television programs. Please use the section labeled “First Time Directors” if applicable.

The Employment Data Report must be submitted:

- **once** for a theatrical motion picture, television motion picture ninety (90) minutes or longer, pilot, presentation or single program and is due within 45 days after close of principal photography;
- **once per season** for an episodic television series and is due within 45 days after the wrap or recording of the last episode; or
- **once per year** for strip dramatic, strip variety, quiz and game and “All Other” programs produced on an annual rather than seasonal basis and is due no later than February 15th of each year following production.

Two types of statistics must be reported in the following format:

1. Indicate the number of persons employed in the categories listed below:

<b>White</b>	<b>Asian-American</b>
<b>African-American</b>	<b>Native American</b>
<b>Hispanic</b>	<b>Unknown</b>

2. Indicate the total number of days worked or guaranteed. Total days should include travel days, prep days, production days and post-production days. When the same member is employed on multiple episodes in a series, the employee should only be counted once in the number of employees, but all the employee's cumulative days worked should be included in the total number of days worked or guaranteed.

\* \* \* \*

*The below example shows one male White director was employed for a total of 56 days worked or guaranteed. One female African American director was employed for a total of 25 days worked or guaranteed.*

**DIRECTOR:**

	White	African- American	Hispanic	Asian-American	Native American	Unknown
MALE	1/56					
FEMALE		1/25				



Return To: [rcforms@dga.org](mailto:rcforms@dga.org)  
 Phone: 310-289-2064

## DGA Employment Data Report (print or type)

Date:	Signatory Company:	
Project Title:	Prepared By:	
Season/Year Covered:	Phone:	Email:

**DIRECTOR:**

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

**FIRST TIME DIRECTORS:** Primetime Dramatic Television Programs

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

**UNIT PRODUCTION MANAGER:**

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

**FIRST ASSISTANT DIRECTOR:**

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

**SECOND ASSISTANT DIRECTOR** (all Second ADs, including Key Second ADs, Second Second ADs and Additional Second ADs):

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

**ASSOCIATE DIRECTOR** (formerly known as "Technical Coordinators"): Primetime Multi-Camera Dramatic Programs

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

**ASSOCIATE DIRECTOR:** Live & Tape Television

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

**STAGE MANAGER:** Live & Tape Television

	White	African-American	Hispanic	Asian-American	Native American	Unknown
MALE						
FEMALE						

**Directors Guild of America  
Employer Quarterly Gross Earnings Report**

**QUARTER/YEAR COVERED:** \_\_\_\_\_

Signatory Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Name	SSN (last 4 digits)	Category	Project	Earnings

Prepared By: \_\_\_\_\_

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

**RETURN TO:**    [rcforms@dga.org](mailto:rcforms@dga.org)  
Phone: 310-289-2064

**DIRECTORS GUILD OF AMERICA**  
**Weekly Work List**

Project: \_\_\_\_\_

Week Start Date: \_\_\_\_\_ Week End Date: \_\_\_\_\_

Signatory Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Prepared By: \_\_\_\_\_

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

Name	SSN (last 4 digits)	Category*	Episode # (If applicable)

\*Please differentiate between 2ADs, Second 2ADs & Add'l 2ADs, and identify Directors on 2<sup>nd</sup> Unit, or Added Scenes/Retakes.

Return to: [rcforms@dga.org](mailto:rcforms@dga.org)

Phone: 310-289-2064