



SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS ("SAG-AFTRA") CORPORATE/LLC/PARTNERSHIP AUTHORIZATION FORM

Business Name: _____

Address: _____

Phone: _____ Fed ID #: _____

Type of Business (check one): Partnership Limited Partnership Corporation
Limited Liability Company (Managed by: Members Managers)

MANAGEMENT STRUCTURE:

Corporate Officers:

President: _____

Vice President: _____

Treasurer: _____

Secretary: _____

Managers/Members/Partners:

Indicate:
Manager-Member-Partner

Manager-Member-Partner

Manager-Member-Partner

Manager-Member-Partner

Manager-Member-Partner

Manager-Member-Partner

Signature Authorization:

Please type or print the name and title of the designated individual who has the legal authority on behalf of the Business, as described in the Resolution below.

Title/Position	Name	Title/Position	Name

Resolution:

RESOLVED, that this Business make and enter into any and all agreements required or requested by SAG-AFTRA in connection with any applicable SAG-AFTRA signatory agreement or otherwise relating to the employment of SAG-AFTRA-covered media artists;

RESOLVED FURTHER, that the individual(s) identified above is/are empowered and authorized, on behalf of the above-named Business, to execute and deliver any and all such agreements or other documents.

Certification

I certify, under penalty of perjury, that:

- (i) the Resolutions above are either set forth in the Business' governing documents or that the Business has taken all necessary actions under the laws of the state in which it was formed to affirm such authority;
- (ii) that any such grant of authority has not been nor will be modified or repealed and is now in full force and effect;
- (iii) that all information set forth and all representations made herein are true and correct; and
- (iv) that I have the authority to execute and deliver this Authorization Form and Certification on behalf of the Business.

Signed: _____

Print name: _____

Title: _____

Date: _____