

**FDCP NATIONAL REGISTRY FOR AUDIO-VISUAL WORKERS
RENEWAL FORM**

FOR FDCP USE ONLY		2 x 2 Picture with White Background
<input type="checkbox"/> QUALIFIED <input type="checkbox"/> NOT QUALIFIED	FDCP Number: _____	
Reason of Non-Qualification: _____		
Screened by: _____		
Signature Over Printed Name _____ Date _____		

FILL UP FORM USING BLACK INK AND CAPITAL LETTERS
I. APPLICANT INFORMATION

Name: <i>Surname</i> <i>Given Name</i> <i>Middle Name</i> <i>Suffix</i>					Professional Name: _____	
Date of Birth: _____	Place of Birth: _____		Nationality: _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to disclose	
Permanent Address: (number / street / baranggay / city / postal code)					Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widow (ER) <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	
Email Address: _____					Occupational Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	
Telephone Number: _____			Mobile Number: _____		Tax Identification Number (TIN): _____	
SSS Number: _____			Pag-Ibig Number: _____		Philhealth Number: _____	
Talent fee (per day/ per show): _____				Talent fee (package rate per project): _____		

II. PROFESSION: PLEASE CHECK THE BOX

<input type="checkbox"/> Performer	<input type="checkbox"/> Producer	<input type="checkbox"/> Director	<input type="checkbox"/> Creative Team	<input type="checkbox"/> Production Staff	<input type="checkbox"/> Technical Crew
<input type="checkbox"/> Actor <input type="checkbox"/> Voice Actor <input type="checkbox"/> Singer <input type="checkbox"/> Dancer <input type="checkbox"/> Musician <input type="checkbox"/> DJ <input type="checkbox"/> Background Actor <input type="checkbox"/> Stunt person <input type="checkbox"/> Others, Pls. specify: _____	<input type="checkbox"/> Executive Producer <input type="checkbox"/> Line Producer <input type="checkbox"/> Creative Producer <input type="checkbox"/> Supervising Producer <input type="checkbox"/> Associate Producer <input type="checkbox"/> Others, Pls. specify: _____	<input type="checkbox"/> Director <input type="checkbox"/> Technical Director <input type="checkbox"/> Assistant Director <input type="checkbox"/> Unit Director <input type="checkbox"/> Floor Director <input type="checkbox"/> Stage Director <input type="checkbox"/> Assistant Stage Director <input type="checkbox"/> Director <input type="checkbox"/> Musical Director <input type="checkbox"/> Others, Pls. specify: _____	<input type="checkbox"/> Scriptwriter <input type="checkbox"/> Director of Photography <input type="checkbox"/> Production Designer <input type="checkbox"/> Editor <input type="checkbox"/> Composer <input type="checkbox"/> Musical Scorer <input type="checkbox"/> Lights Designer <input type="checkbox"/> Sound Designer <input type="checkbox"/> Video Designer <input type="checkbox"/> Stage Designer <input type="checkbox"/> Choreographer <input type="checkbox"/> Graphics Designer <input type="checkbox"/> Others, Pls. specify: _____	<input type="checkbox"/> Production Manager <input type="checkbox"/> Post-Production Supervisor <input type="checkbox"/> Stage Manager <input type="checkbox"/> Assistant Stage Manager <input type="checkbox"/> Production Assistant <input type="checkbox"/> Talent Coordinator <input type="checkbox"/> Makeup Artist <input type="checkbox"/> Assistant Makeup artist <input type="checkbox"/> Ushers <input type="checkbox"/> Wardrobe <input type="checkbox"/> Costume Mistress <input type="checkbox"/> Stylist <input type="checkbox"/> Hairdresser <input type="checkbox"/> Hairstyling Assistant <input type="checkbox"/> Others, Pls. specify: _____	<input type="checkbox"/> Sound Engineer <input type="checkbox"/> Sound Recordist <input type="checkbox"/> Gaffer <input type="checkbox"/> Key Grip <input type="checkbox"/> Spinner <input type="checkbox"/> Lights Crew <input type="checkbox"/> Utility Man <input type="checkbox"/> Set Person <input type="checkbox"/> Props person <input type="checkbox"/> Electrician <input type="checkbox"/> Driver <input type="checkbox"/> Others, Pls. specify: _____

Main Profession (pick one only)	Present Employer (if any): _____	Monthly income: <input type="checkbox"/> 10,000 below <input type="checkbox"/> 10,001 - 20K <input type="checkbox"/> 20,001 - 30K <input type="checkbox"/> 30,001 - 40K <input type="checkbox"/> 40,001 - 50K <input type="checkbox"/> 50K - Above
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**FDCP NATIONAL REGISTRY FOR AUDIO-VISUAL WORKERS
APPLICATION FORM**
III. ENGAGEMENTS IN THE LAST THREE (3) YEARS (with proof of engagement attached)

	Project Title	Production Company	Work Dates (start-finish)	Contact Person	Mobile Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

REQUIREMENTS FOR ATTACHMENT:

- Certified true copies of Certificate Of Employment and/ or Project Contracts for two of your most recent projects
- Copies of most recent Pay Slips
- Screen shot of your IMDB page showing your latest projects (i.e. in the last 3 years)
- Proof of inclusion in a project (e.g. screen capture of your name in credits, indicating the title of the project, or posters including your name, or other documents attesting to the same)
- Endorsement Letters from accredited industry organizations or Guilds, like the guilds under the Film Academy of the Philippines, and MOWELFUND

SPECIMEN SIGNATURE (3 SIGNS)

_____	_____	_____
(signature 1)	(signature 2)	(signature 3)

I hereby certify that the above information given true and correct
and authorize FDCP National Registry to secure my details for their database

Conforme: _____
Applicant Signature Over Printed Name

Received by:	Recommending Approval:	Approved by:
Signature Over Printed Name / Date	Signature Over Printed Name / Date	Signature Over Printed Name / Date
National Registry Officer	National Registry Officer	Executive Director / National Registry

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