

AFM P2 WORK PERMIT APPLICATION

PART 1: P2/P2-S APPLICANT PERSONAL INFORMATION

THIS IS A 5-PAGE APPLICATION FORM. BE SURE TO READ/REVIEW THOROUGHLY & COMPLETE ALL PAGES SPECIFIC TO YOUR SITUATION.
EACH MUSICIAN/ESSENTIAL SUPPORT WORKER MUST FILL OUT THIS APPLICATION.

BAND NAME or LEADER NAME: _____

MUSICIAN/SUPPORT PERSONNEL NAME: (full legal name as it appears on your birth certificate & passport)

(LAST) (FIRST) (FULL MIDDLE NAME)

MALE FEMALE DATE OF BIRTH: (m) _____ (d) _____ (y) _____

INDICATE THE APPROPRIATE JOB DESCRIPTION:

MUSICIAN/VOCALIST/SONGWRITER – NUMBER OF YEARS WITH THE BAND: _____

ESSENTIAL SUPPORT PERSONNEL (sound/light/instrument technician; tour/road manager; backup dancer/singer; make-up/wardrobe technician; other essential support worker not providing a musical service) – NUMBER OF YEARS WITH THIS BAND: _____

CONTACT INFORMATION:

TELEPHONE: () _____

ADDRESS: _____

**** PASSPORTS MANDATORY – ENCLOSE A COPY OF YOUR PASSPORT BIOMETRIC (PHOTO) PAGE ****

PASSPORT NUMBER: _____ EXPIRY DATE: _____

COUNTRY OF BIRTH: _____ PROVINCE OF BIRTH: _____

ARE YOU A CANADIAN CITIZEN? YES NO

If NO, what is your current status in Canada? _____

**** PERMANENT RESIDENT applications require an additional (20) days ****

HAVE YOU EVER BEEN DENIED ACCESS TO THE UNITED STATES AT ANY TIME, FOR ANY REASON?

YES – WHY? _____

IF YES, additional documents may be required and processing of your application may be delayed

NO

HAVE YOU HAD A P2, INDIVIDUALLY AND/OR WITH THIS BAND OR ANY OTHER BAND, WITHIN THE LAST 7 YEARS?: YES NO

ARE YOU APPLYING FOR AN EXTENSION & REMAINING IN THE UNITED STATES?:

YES: Include a copy of your current Approval Notice & copy of both sides of your I-94 Departure Record. As well, please provide your U.S. mailing address: _____

NO

DO YOU HAVE A STUDENT & EXCHANGE VISITOR INFORMATION SYSTEM (SEVIS) NUMBER?:

YES: SEVIS#: _____ NO

DO YOU HAVE AN EMPLOYMENT AUTHORIZATION NUMBER (EAD)?:

YES: EAD#: _____ NO

HAVE YOU EVER BEEN IN THE UNITED STATES UNDER J-1/J-2 (EXCHANGE VISA) CLASSIFICATION?:

YES: Please provide a copy of either your DS-2019; Certificate of Eligibility for Exchange Visitor Status; Form IAP-66, or copy of your passport page that shows the J visa stamp.

NO

WILL YOU BE WORKING EXCLUSIVELY IN THE COMMONWEALTH OF NORTHERN MARIANA ISLANDS?:

YES NO

EVIDENCE OF CONFIRMED WORK IN THE UNITED STATES IS PROVIDED BY:

CONTRACTS TOUR ITINERARY

Signed contracts or letters of engagement/agreement are required as evidence of your ongoing professional activity in the United States. If a musician/band is performing at more than one venue, a signed itinerary listing all engagements in chronological order is also required.

DO YOU HAVE TRAVEL MEDICAL INSURANCE?:

YES NO - see P2 Instructions for information about obtaining travel medical insurance

MUSICIAN NAMED ABOVE MUST PERSONALLY SIGN BELOW

I certify the information provided above is true and accurate and that any criminal history has been disclosed to AFM at the time of submitting this application. I acknowledge that failing to provide full disclosure to AFM can delay the processing of this application, in whole or in part, and AFM cannot be held responsible for any losses, damages, etc. resulting therefrom.

PRINT NAME: _____

SIGNATURE OF P2/P2-S APPLICANT NAMED ABOVE: *(Faxed/photocopied/electronic/scanned signature is acceptable)*

DATE: _____

LOCAL OFFICIAL MEMBERSHIP VERIFICATION FOR ABOVE MUSICIAN

Technicians/support workers are not required to fill out this section. Musicians' membership dues must be paid up in advance for the duration of the requested P2 Work Permit.

AFM LOCAL # _____ DUES PAID UNTIL: _____

LOCAL OFFICIAL - SIGNATURE

LOCAL OFFICIAL - PRINT NAME

SIGNED THIS _____ DAY OF _____, 20_____

Alternative to Local Official Signature: Members may provide a copy (front/back) of their current membership card OR a receipt showing the date until which their dues are paid OR email confirmation from their Local Official. **The AFM Immigration Department is not responsible for verifying membership on the applicant's behalf.**

PART 2: TRAVELLING INFORMATION

REQUESTED DATE OF ENTRY: (m) _____ (d) _____ (y) _____
You may not request more than two (2) days prior to your first engagement unless otherwise authorized by AFM.

REQUESTED DATE OF EXIT: (m) _____ (d) _____ (y) _____
Indicate the day after your last engagement – no exceptions unless otherwise authorized by AFM.

PRE-FLIGHT INSPECTION (travelling by **AIR**): _____

OR

PORT OF ENTRY (travelling by **LAND/SEA**): _____

PART 3: POLICY OF INDEMNITY

The AFM makes a concerted effort to ensure that all required information and fees are included with the application when filing for a Classification P2 Non-Immigrant Work Permit on your behalf with the United States Citizenship and Immigration Services (USCIS) Vermont and California Service Centers. Once the Approval Notice is received from USCIS, AFM also makes its best efforts to provide an original copy of the (Form I-797B) USCIS Approval Notice and/or other necessary information to the applicant(s) in order to facilitate entry into the United States.

By signing below, you acknowledge the following:

1. Should you submit an application to AFM providing less than the following time frames, you do so at your own risk:
 - a. **110** days for Regular Processing
 - b. **30** days for Premium Processing
 - c. Permanent Residents of Canada: applications require an additional 20 days over and above the time frames, for processing due to the necessary involvement of a U.S. Consulate.
2. The member(s) or their agent/representative submitting the P2 application(s) take full responsibility for any erroneous and false information which may result in AFM processing delays or errors, USCIS processing delays or errors or denial of P2 Work Permit.
3. AFM will not assume financial or other liability for lost performance fees and/or out-of-pocket expenses resulting from members being unable to enter the United States on the date requested, for the reasons above or for reasons determined by U.S. Customs/Border Inspection Officials or any other U.S. authorities.
4. By your signature below you confirm that you have read and understand all literature provided by AFM regarding the P2 process.

LEADER'S/AGENT'S ACKNOWLEDGEMENT

I acknowledge my understanding of this policy, and all terms and conditions as stated herein above. I confirm that I am the leader or authorized representative for the entertainment unit/musician(s) known as _____ and I, being the authorized individual acting on behalf of the applicant(s) named herein, assume all responsibility to inform the musicians affected of this indemnity.

REPRESENTATIVE SIGNATURE

DATE

REPRESENTATIVE TELEPHONE NUMBER

EMAIL

Address and contact name to where/whom the original Approval Notice is to be mailed: _____

Email address: _____

Parts 1, 2, 3 and 4 above comprise the entire application required for musicians who are working/touring as soloists or with only one band. If this does not describe your situation, please continue reading below for additional filing instructions:

If you are a sound/light/instrument technician; tour/road manager; backup dancer/singer; make-up/wardrobe technician; or other essential support worker who is not providing a musical service: (a) Part 5 of the P2 Application must be completed by the band leader or authorized representative for the band, (b) a letter(s) of support regarding the role of the essential support worker(s) must be written (submitted on band or management letterhead) and included with this application.

The above situation applies to me and Part 5 has been completed and included with this application. Also, a letter of support regarding my role as an essential part of this entertainment unit has been written and included with this application.

OR

If you are a musician or group who has been engaged to tour with a U.S.-based band(s) and/or more than one Canadian band who will be touring the U.S., all within the same time frame, you must have Part 6 of the P2 Application completed by the U.S. and/or Canadian band(s) who have engaged you. See “P2 Instructions” for more information.

The above situation applies to me and I have completed and included Part 6.

The above situations are not applicable to me.