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PART 1(b)

SHOWCASE/B1 APPLICATION – TECHNICIAN PERSONAL INFORMATION

BAND NAME/LEADER NAME: *(if applicable)* (click in fields to edit, tab to next field)

TECHNICIAN NAME: (full legal name as it appears in your passport or birth certificate)

(SURNAME) **(FIRST)** **(FULL MIDDLE NAME)**

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

CONTACT INFORMATION:

TELEPHONE: _____ **ALTERNATE:** _____

CURRENT ADDRESS: _____
(click in lines as required)

_____

_____

ARE YOU A CANADIAN CITIZEN? YES _____ **NO** _____

IF NO, WHAT IS YOUR CURRENT STATUS IN CANADA? _____

****PASSPORTS MANDATORY****

PASSPORT NUMBER: _____ **EXPIRY DATE: (m)**_____**(d)**_____**(y)**_____

COUNTRY OF BIRTH: _____ **PROVINCE OF BIRTH:** _____

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 _____

NAMED TECHNICIAN MUST PERSONALLY SIGN BELOW:

I certify that the information provided in Part 1(b) is true and correct and that any criminal history has been disclosed to AFM at the time of this request. I further acknowledge by not doing so can delay the processing of this application in whole or in part and AFM cannot be held responsible for any losses, damages, etc.

SIGNATURE OF TECHNICIAN NAMED ABOVE: (faxed signature is acceptable)

_____ **DATE:** _____

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