

# AFM P2 WORK PERMIT APPLICATION

## PART 1: P2/P2-S APPLICANT 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, LEADER NAME OR MUSICIAN NAME (IF SOLO PERFORMER): \_\_\_\_\_

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 HOW MANY PEOPLE (TOTAL) ARE INCLUDED IN THIS APPLICATION:

\_\_\_\_\_ MUSICIANS – Indicate number of years with the band: \_\_\_\_\_

\_\_\_\_\_ TECHNICIANS/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)

– Indicate number of years with the band: \_\_\_\_\_

### CONTACT INFORMATION:

TELEPHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Province Postal Code

**\*\* 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 & most recent I-94 Departure Record, available  
online <https://i94.cbp.dhs.gov>. 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?: *(recommended, not mandatory)*

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

ARE YOU TRAVELING WITH ANY MUSICAL INSTRUMENTS WHICH CARRY CERTAIN RARE AND/OR PROTECTED MATERIALS SUCH AS IVORY OR ROSEWOOD?:

YES  NO

**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 may result in delays, or the withdrawal/cancellation of my P2 petition, 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: \_\_\_\_\_

**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:** Provide a copy (front/back) of your current membership card OR a receipt showing the date until which your dues are paid OR email confirmation from your Local Official. **The AFM is not responsible to verify membership.**

I have provided confirmation via email/membership card (mandatory, if above left blank)

## 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.

### TRAVELING INFORMATION WHEN FIRST ENTERING U.S.

**PRE-FLIGHT INSPECTION** (travelling by **AIR**): \_\_\_\_\_  
Name of departing Airport

OR

**PORT OF ENTRY** (travelling by **LAND/SEA**): \_\_\_\_\_  
Name of Port of Entry U.S. City U.S. State

## 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;

- Should you submit an application to AFM less than the following time frames, it is likely it will not be processed in time:
  - 60 days for Regular Processing
  - 30 days for Premium Processing
  - 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.
- When you submit a P2 application; you do so at your own risk. AFM does not have control over the decisions U.S. Immigration makes on their processing times. Therefore USCIS processing times may increase/decrease at any time, without notice. The AFM's suggested processing timelines are based on an internal weekly, observance of the average turnaround time from submission of application to receipt of approval.
- The member(s) or their agent/representative submitting the P2 application(s) take full responsibility for any erroneous, false, or undisclosed information which is of a pertinent nature, which may result in AFM processing delays, errors, AFM's determination that the petition will be withdrawn, or, USCIS processing delays, errors or denial of the P2 Work Permit.
- The 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.
- By your signature below you confirm you have read and understand all literature provided by AFM regarding the P2 process.

### **MUSICIAN'S/REPRESENTATIVE'S ACKNOWLEDGEMENT** (signature mandatory)

*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

**Contact name and Address** to where/whom the original Approval Notice is to be mailed: \_\_\_\_\_

Email address: \_\_\_\_\_

**AFM will use this email to communicate about the file**



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.