

REPLACEMENT MUSICIAN APPLICATION CHECKLIST

Note: Technicians/support workers cannot be substituted.

The following may be used as a final CHECKLIST before sending your request to replace a musician(s) under an existing P2

Application: Parts 1, 2 and 3: Part 1 must be signed by the replacing musician <i>unless</i> power of attorney has been given to the representative filing the application with this office. Failure to fully complete the application will result in delays.
Proof of Membership: The musician must be in good standing with the AFM up to and including the end date of the P2 work permit.
Administrative Fee \$50.00 payable as follows: To AFM if paying by cheque or money order, Cash is accepted, but it is not recommended to send cash through mail and courier, Through AFM's online payment portal (a 6% service charge will be added at checkout). The invoice will be emailed to the person listed in Part 3 and must be paid prior to the letter being completed.
A copy of the photo page of the replacement musician's passport.
A copy of the band's P2 Approval Notice (Form I-797B).
The musician being replaced must be advised that they <u>no longer hold a P2 work permit</u> and be informed to strictly follow departure protocol if they are still in the United States. Failure to do so can result in border crossing difficulties, including denial of future entries. General I-94 information can be found here: https://i94.cbp.dhs.gov/l94/#/home.

This application must be submitted to the AFM at least 5 business days prior to the musician's entry to the United States. If providing less than 5 business days your request may not be accommodated by the date of entry required.

SUBMIT REPLACEMENT LETTER APPLICATIONS TO:

Artist Immigration Department American Federation of Musicians #202 – 150 Ferrand Drive Toronto, ON M3C 3E5 Canada

or

immigration@afm.org
1-800-463-6333 extensions 222 or 234

MUSICIAN REPLACEMENT APPLICATION

PART 1: REPLACEMENT MUSI	CIAN PERSONAL INFORMATION
BAND NAME:	_ LEADER:
MUSICIAN CURRENTLY ON THE P2 APPROVAL NOTICE	;
MUSICIAN <u>REPLACING</u> THE ABOVE-NAMED MUSICIAN: SURNAME:	FIRST NAME:
DATE OF BIRTH (mm/dd/yyy):	
TELEPHONE:	EMAIL:
CURRENT ADDRESS:	
** MANDATORY: PROVIDE A COPY OF THE REPLACING	MUSICIAN'S PASSPORT PHOTO PAGE **
PASSPORT NUMBER:	EXPIRY DATE:
COUNTRY OF BIRTH:	PROVINCE OF BIRTH:
ARE YOU A CANADIAN CITIZEN?	□NO
Do you require a U.S. Travel Waiver? (E.g. Previous Depoils so, please include a copy of the waiver with the application YES NO	
REPLACING MUSICIA	AN MUST SIGN BELOW
I certify that the information provided in Part 1 is true and disclosed to the AFM at the time of this request. I further entry to the United States.	
SIGNATURE OF MUSICIAN NAMED ABOVE: (scanned/ph	notocopied/electronic signature is acceptable)
	DATE:
AFM ID #:	DUES PAID UNTIL:
Method of membership verification provided: □I have included a copy of my membership card or dues receip	t. □I have included an email verification from my local
PART 2: TRAVELLIN	IG INFORMATION
Duration the replacement musician will be required in the U	nited States? Entry Date: Exit Date:
INFORMATION NEEDED FROM THE APPROVAL NOTICE:	
Receipt Number (EAC, SRC, WAC, or IOE followed by 10 nu	merals):(located on top left corner of the P2 Approval Notice)
P2 Expiry Date: (located on top right corner of the P2 Approval)	Notice)

PART 3: POLICY OF INDEMNITY

MUSICIAN or REPRESNTATIVE ACKNOWLEDGEMENT

When the AFM member/agent/representative submits an application for a replacement musician, AFM requires **5 business days for processing**, along with an administrative fee of \$50.00 (certified cheque, money order, cash or online payment).

The entertainment unit should realize that AFM will provide a letter of support for the individual substituting for an already-approved P2 beneficiary. However, this letter of support does not guarantee that the individual will be permitted to enter the United States. The Border Officer has the final authority to grant approval or to deny entry of an individual into the United States. 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 reasons determined by U.S. Customs and Border Protection Officer or other such U.S. authorities.

MUSICIAN SIGNATURE	DATE
	- OR -
am the authorized individual and/or representative	for the Entertainment Unit/Musician known as and I, being the authorized individual acting on behalf of
"I acknowledge my understanding of this policy REPRESENTATIVE SIGNATURE	DATE
"I acknowledge my understanding of this policy	and its terms". DATE