



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** *unless* 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 no longer hold a P2 work permit 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/i94/#/home>.

This application must be submitted to the AFM at least 5 business days prior to the musician's entry to the United States.

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 extentions.222 or 234

MUSICIAN REPLACEMENT APPLICATION

PART 1: REPLACEMENT MUSICIAN PERSONAL INFORMATION

BAND NAME: _____ LEADER: _____

MUSICIAN CURRENTLY ON THE P2 APPROVAL NOTICE: _____

MUSICIAN REPLACING THE ABOVE-NAMED MUSICIAN:

SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH (mm/dd/yyyy): _____

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? YES NO

Do you require a U.S. Travel Waiver? (E.g. Previous Deportation or Felony Charge)

If so, please include a copy of the waiver with the application.

YES NO

REPLACING MUSICIAN MUST SIGN BELOW

I certify that the information provided in Part 1 is true and accurate and that any criminal history has been disclosed to the AFM at the time of this request. I further acknowledge that by not doing so, I may be denied entry to the United States.

SIGNATURE OF MUSICIAN NAMED ABOVE: *(scanned/photocopied/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 receipt.

I have included an email verification from my local

PART 2: TRAVELLING INFORMATION

DATE OF ENTRY (*when the replacing musician will first enter the United States*): _____

INFORMATION NEEDED FROM THE APPROVAL NOTICE:

Receipt Number (EAC, SRC or WAC followed by 10 numerals): _____

(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 REPRESENTATIVE 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.

By signing below, "***I acknowledge my understanding of this policy and its terms and conditions as stated herein***".

MUSICIAN SIGNATURE

DATE

- OR -

I am the authorized individual and/or representative for the Entertainment Unit/Musician known as _____ and I, being the authorized individual acting on behalf of the applicant named hereunder, assume the responsibility to inform the affected musicians of this indemnity, and by signing, "***I acknowledge my understanding of this policy and its terms***".

REPRESENTATIVE SIGNATURE

DATE

Please print full name and provide telephone number:

Please print contact name(s) and email address(es) for those to whom the Replacement Musician Letter is to be sent:
