



CANADIAN MUSICAL REPRODUCTION RIGHTS AGENCY LTD.
AGENCE CANADIENNE DES DROITS DE REPRODUCTION MUSICAUX LTÉE

320 – 56 Wellesley St. West,
Toronto, Ontario, Canada M5S 2S3
www.cmrra.ca | inquiries@cmrra.ca
Tel: 416-926-1966

Application for Mechanical Licence

— Physical Products —

Please refer to the [Guide to Completing CMRRA's Application for Mechanical Licences Form](#) before you start this application.

PART 1: APPLICANT/LICENSEE INFORMATION All fields are mandatory except Alternate Phone # /MNF #.

Applicant/Licensee Name:	
Applicant/Licensee Email Address:	Manufacturer (MNF) # <i>(For existing applicants only)</i>
Primary Telephone Number: (ex. 555-555-5555)	Alternate Telephone Number:
Applicant/Licensee Full Address:	

PART 2: CONTACT INFORMATION Complete only if different to Applicant/Licensee information above.

Contact Name:	Contact Email Address:
Primary Telephone Number: (ex. 555-555-5555)	Alternate Telephone Number:
Contact Full Address:	



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PART 3: PRODUCT (ALBUM) DETAILS *All fields are mandatory except for Catalogue #. Please provide this # if available.*

Performing Artist Name (Album): <i>Note: If the Performing Artist is "various", indicate each artist for track in Part 6.</i>	Album Format: <input type="checkbox"/> CD <input type="checkbox"/> VINYL <input type="checkbox"/> CASSETTE <input type="checkbox"/> USB <input type="checkbox"/> FLASH DRIVE <i>For other formats, email payp@cmr.ca to assess if CMRRA can licence.</i>
Album Title:	
Release Date (mm/dd/yyyy): <i>If exact date is not known, please use an approximate date.</i>	Catalogue Number:

PART 4: PRESSER INFORMATION *All fields are mandatory.*

Is this a first pressing? <input type="checkbox"/> YES <input type="checkbox"/> NO	If this is not a first pressing, please indicate the number of Pressings Pressing Number : <input type="text"/>	Number of Copies Manufactured: <i>Minimum 500 copies per contrivance.</i>
Pressing Company Name (Presser):	Contact Name:	
Pressing Company Telephone #:	Pressing Company Email Address:	



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PART 5: MECHANICAL LICENSING PRESSING WAIVER *All fields are mandatory.*

I, the undersigned Licence Applicant, have employed or will employ the services of the company listed above ("Presser") to manufacture or make arrangements for, the manufacture of copies of the above Product for which I am submitting an application for mechanical licences to CMRRA Ltd.

I hereby give permission to CMRRA Ltd. to contact the Presser, in the event the documentation required pursuant to CMRRA's Mechanical Licensing Procedures is not furnished to CMRRA Ltd., either by myself or by Presser, within two (2) months of the date of execution of this letter, in order to obtain written confirmation from the Presser of the number of units manufactured on my behalf. I understand and agree that unless or until the Presser supplies CMRRA with such documentation, it remains my responsibility to ensure that it is received by CMRRA and that CMRRA cannot complete the process of issuing mechanical licences to me until it has received same.

Licence Applicant Signature: _____ **Date:** _____

(DD/MMM/YYYY)



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PART 6: TRACK & MUSICAL WORK and ROYALTY CALCULATION DETAILS *Enter the calculation details as noted in the instructions below.*

Recording			Musical Work					Royalty Calculations			
Track	Track Title	Artist	Work Title	Writer(s) / Arranger(s) of PD Work	If Medley, Adaptation, Translation, or Arrangement of PD Work	Percentage of Work for CMRRA To License	Duration		Royalty Rate	Units	Royalties (Rate x Units x Share)
							Mins	Secs			
1					<input type="checkbox"/> If checked, see *** below.						\$
2					<input type="checkbox"/> If checked, see *** below.						\$
3					<input type="checkbox"/> If checked, see *** below.						\$
4					<input type="checkbox"/> If checked, see *** below.						\$
5					<input type="checkbox"/> If checked, see *** below.						\$
6					<input type="checkbox"/> If checked, see *** below.						\$
7					<input type="checkbox"/> If checked, see *** below.						\$
8					<input type="checkbox"/> If checked, see *** below.						\$
9					<input type="checkbox"/> If checked, see *** below.						\$
10					<input type="checkbox"/> If checked, see *** below.						\$
11					<input type="checkbox"/> If checked, see *** below.						\$
12					<input type="checkbox"/> If checked, see *** below.						\$
13					<input type="checkbox"/> If checked, see *** below.						\$
14					<input type="checkbox"/> If checked, see *** below.						\$
<p>Pressed Units: This is the total number of units manufactured. CMRRA's Pay-As-You-Press (PAYP) policy requires a minimum of 500 units per contrivance. If you press 200 CDs and 300 vinyls, apply for 500 CDs and 500 vinyls.</p> <p>Handling Fee (8%): Each application is subject to a non-refundable handling fee of 8% of the total royalties payable, or \$6.00; whichever is greater.</p> <p>HST / GST Tax: Enter the applicable tax as determined by Licensee's province: 5% GST (AB, BC, MB, NWT, NV, PQ, SK, YK). 15% HST (NB, NFLD, PEI), 14% HST (NS), 13% HST (ON). CMRRA's HST Registration Number is R100768696</p> <p>***</p> <p>Medley: Check box above and complete one additional line above for each of the works separately and pay royalty based on their individual timing within your recording.</p> <p>Adaptation: Check box above and complete the additional Adaptation form provided below.</p> <p>Translation: Check box above and complete the additional Translation form provided below.</p> <p>Arrangement of PD (Public Domain) Work: Check box above and ensure to indicate the name of the arranger in Writer(s) section above and denote with (ARR).</p>									Total Royalties:	\$	
									Handling Fee (8%):	\$	
									Sub-Total:	\$	
									HST / GST Tax:	\$	
									TOTAL AMOUNT DUE:	\$	



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PART 7: Adaptation / Translation (s) *Enter the details of the adaptation(s) / translation(s) below.*

For each adaptation or translation work, provide the name of the person(s) who adapted or translated the work in your recording.

If you created the adaptation or translation from an original work, attach a copy of each publisher(s)' written authorization with your completed application forms. This is required prior to CMRRA licencing.

Original Work Title:	
Adapted/Translated Work Title:	
Original Work Composer(s) / Author(s):	Adaptor(s)/Translator(s):
Original Work Title:	
Adapted/Translated Work Title:	
Original Work Composer(s) / Author(s):	Adaptor(s)/Translator(s):