

Pay-As-You-Press Application for Mechanical Licence

PART 1: APPLICANT / LICENSEE INFORMATION All fields are mandatory except Alternate Telephone and MNF Number.

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

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

Contact Name:	Contact Email Address:
Primary Telephone Number: <i>(ex. 555-555-5555)</i>	Alternate Telephone Number:
Contact Address:	

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

Performing Artist Name (Album): <i>Note: If the Performing Artist is "various", indicate each artist for track in Part 5.</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: <i>This is product identification number. If none provided, one will be assigned.</i>

PART 4: PRESSER INFORMATION / PRESSING WAIVER *All fields are mandatory.*

Is this a first pressing? <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of Copies Pressed: <input type="text"/> <i>Minimum 500 copies per contrivance.</i>	<p>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.</p> <p>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.</p> <p>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.</p> <p>YES, by checking this box, we agree to the terms of the Pressing Waiver outlined above. Date: _____ (MM/DD/YYYY)</p>
If not the first, indicate number of pressings: <input type="text"/>		
Pressing Company (Presser):	Contact Name:	
Pressing Company Telephone:	Email Address:	



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

Application for Mechanical Licences

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

PART 5: TRACK & MUSICAL WORK and ROYALTY CALCULATION DETAILS Enter the calculation details as noted in the instructions below.

[illegible]

PART 6: Adaptation / Translation 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):

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Original Work Composer(s) / Author(s):	Adaptor(s)/Translator(s):