



Agreement No _____ (Office Use Only)

REPRODUCTION APPLICATION FORM (Form RA)

Permission is requested to film or reproduce an image of the following work(s) of art in the Government Art Collection (*tick as appropriate*)

Artist	Title	GAC Inventory No.	Format required		Image to be reproduced in	
			b&w print	digital file	colour	b&w
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick the following as appropriate:

Purpose for which the Image is required Inclusion in

- Book
 Cinematographic Film
 Educational text book
 Cable programme service
 Scholarly publication
 Magazine
 Television broadcast
 Video
 Cover - Book
 Cover - Magazine
 Cover - Tape
 Cover - CD
 Website
 Other (please specify) _____

Language Rights requirements (tick as appropriate) ** EC counts as one country

Book/Magazine (First use only)

One Language: One Country **

World Rights: One Language

World Rights: Multilingual

Covers for Tapes/CDs etc.

One Country** World Rights

TV/Film/Cable/Video

One showing/broadcast/transmission in one language in one country**

World Rights: unrestricted number of showings/transmissions/broadcasts in any language/country, over a 10 year period, commencing from the date reproduction permission is granted.

Other (please specify) _____

Languages and/or countries in which media form will be shown/distributed/broadcast/transmitted _____

Proposed Title _____

Brief description of content _____

If Media Form is Television/Film/Video etc:

Name of television channel broadcasting or distributing the film/TV programme or the service/person through which transmission or broadcasting will be effected

Name of Director and producer _____

Number of copies of video cassettes to be made _____ Date of release/showing _____

If Media Form is a printed publication:

Name of author _____ Estimated print run _____

Approximate date of publication (and edition, if applicable) _____

Name and address of publisher _____

If Media Form is a website:

Web address: www. _____ How used: Home Page Supplementary Page

Duration of use: Period of exhibition only One year Up to three years Over three years

Name and address of applicant _____

Telephone No. _____ **Fax No.** _____

Email address _____ **Date of completion of this form** _____