APPLICATION FOR PERMISSION TO REPRODUCE PHOTOGRAPHS

APPLICANT:	
ADDRESS:	
TELEPHONE#:	DATE:
FAX #:	
EMAII:	-
EMAIL:	
TT1	
Hereby applies for permission to reproduce:	
Negative/catalog # Description (please use additional pages if needed)	
Description (please use additional pages if fleeded)	
In the following publication/production/broadcast:	
Title:	
Article title:	
A of the	
Author or editor:	
Publisher/Production company and address:	
rublisher/ribduction company and address	
Expected date of publication/release:	Broadcast seconds/Print:
	run/cirrculation
CHECK ALL THAT APPLY REGARDING THE PUBLIC	
CommercialBookFilm Video	Periodical
Non-Profit University Press/Educational Public	cationWeb siteOther
CHECK ALL THAT APPLY REGARDING REPRODUTI	
Black & WhiteColorCover placementIn	nterior UseReprints/Pick-up
TOTAL KINGWELL OD ANDG ONE DIMENIODDIL AN	AEDICAN/ENGLIGH LANGUA CE
JOHN KINGWELL GRANTS ONE TIME/NORTH AN	
REPRODUCTION RIGHTS, EXCEPT IN THE CASE OTHERWISE NEGOTIATED. YOUR INVOICE IND	
REQUESTED AND PURCHASED.	ICATES ALL ACTUAL RIGHTS
REQUESTED IN DICKOMISED.	
CREDIT LINE must read as follows: PHOTOGRAPH K	NICKLE'S STUDIO & GALLERY
and include image identification information.	
Application agrees that permission is subject to terms a	nd conditions listed on the reverse of this
form and agrees to pay all fees promptly.	
Signature of Applicant (or authorized agent):	
Name and Title (please print):	
Date:	
Signed for Knickle's Studio & Gallery:	
Date: PROOFS MUST BE SUBMITTED PRIOR TO APPROVA	J. VES NO
COMPLIMENTARY COPY REQUIREDYESN	
COM EMILITARY COLL REQUIREDIESN	NOMBLE OF COLLES
Upon Completion, return to:	
Knickle's Studio &Gallery	Telephone: 1-902-434-1176
c/o John Kingwell	Email: Kingwell@ns.sympatico.ca
30 Helene Ave	S
Dartmouth, NS	

Applicant will receive a countersigned copy when permission has been granted