

TALENT

Talent comprises anyone in front of the camera and includes, but is not limited to, actors, hosts, correspondents, presenters, park visitors, cooperators, volunteers, and concessioner staff, etc.

Do you intend to utilize talent? Yes No If "Yes", provide a full description below of who they are and how they will be utilized. (attach additional pages, if necessary)

EQUIPMENT

Description of equipment, backdrops, sets, props (attach additional pages, if necessary). Please note if any of the following will be included: weapons, animals, minors, nudity, or pyrotechnics.

ELECTRICAL REQUIREMENTS

Description of electrical requirements (attach additional pages, if necessary).

Generators? If "Yes", provide quantity and size. Yes No

Quantity

Size

LIGHTING REQUIREMENTS

Lighting? Yes No (If "Yes", explain below)

Reflectors Only? Yes No

Description of lighting requirements (attach additional pages, if necessary).

ROAD USE

Will you require the use of roads? Yes No If "Yes", please explain:

Do you require road closures? Yes No

If "Yes", please provide the following information (attach additional pages, if necessary)

Starting Date	Ending Date	Starting Time	Ending Time	Location
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Types of Shots: Driving Drive-by Towing Wet down road
 Drive-ups and away Other (explain):

CAMERA EQUIPMENT			
Camera/Equipment Location: (Check all that apply)	<input type="checkbox"/> Road shoulder	<input type="checkbox"/> Road median	
	<input type="checkbox"/> Other (explain):		
Types of Equipment: (Check all that apply)	<input type="checkbox"/> Hand	<input type="checkbox"/> Tripod	<input type="checkbox"/> Dolly
	<input type="checkbox"/> Dolly w/track footage	<input type="checkbox"/> Arm footage	<input type="checkbox"/> Crane or jib arm
	<input type="checkbox"/> Portable crane	<input type="checkbox"/> Car mount	<input type="checkbox"/> Camera car, shot maker, or process trailer
OPERATIONAL INFORMATION			
NUMBER OF VEHICLES			
<i>NOTE: Large or oversized vehicles may not be able to be accommodated or additional steps may need to be taken to ensure that no damage to park resource occurs.</i>			
Cars, SUVs, or light pick-up trucks		Vehicles greater than a 10,000 lbs. (class 3 or higher)	
BASE CAMP LOCATION (attach diagrams)			
SPECIAL ACTIVITIES (attach additional pages, if necessary)			
INVOLVEMENT OF MINORS			
Will children be involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide number of children and age range.			Quantity
			Age Range
LIVESTOCK OR TRAINED ANIMALS			
Will livestock or trained animals be used? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide the following:			
Type	Quantity	Manner of Transportation	Staging/Coral Requirements
AIRCRAFT			
<i>NOTE: All aircraft use over park lands should be listed. Landings must be specifically requested and approved as a condition of your permit.</i>			
Will aircraft be used? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain below (attach additional pages, if necessary)			
SPECIAL EFFECTS (including weapons, pyrotechnics, etc.) (attach additional pages, if necessary)			
Effects Technician's Name		Contact Phone Number	Email Address
License # (if applicable)		Permit # (if applicable)	
STUNTS			
Will stunts be used? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain below (attach additional pages, if necessary)			
Stunt Coordinator		Contact Phone Number	Email Address
OTHER OR HAZARDOUS ACTIVITIES			
Any other unusual or hazardous activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain below (attach additional pages, if necessary)			

OPERATIONAL INFORMATION	
Have you physically visited the requested area? <i>When answering "Yes" to any of the following questions, provide additional information using additional pages, as necessary</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have, or are you applying for, a permit with another Federal, State or local agency for this activity ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had previous permits from the Army Corps of Engineers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied a permit or had a permit revoked by a Federal agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you forfeited a bond or other security for filming on Federal lands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any pending Federal investigations against you which involve a commercial filming activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to advertise or issue a press release before the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate any security concerns? If yes, explain (attach additional sheet).	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: You are encouraged to attach additional pages with information useful in evaluating your permit request including: story boards or scripts, set construction, parking plan, security plans, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, use of any building and site clean-up.

PROJECT ADMINISTRATION

Are you applying for this permit on behalf of another person or company? Yes No
 If "Yes", provide a full description (including contact information) of all other individuals/companies involved with this project (attach additional pages, as necessary)

CONTACTS

Person on Location Responsible for Adherence to All Terms and Conditions of Permit:

Name		Title	
Telephone Number	Cell Phone Number	Email Address	

Person on Location Responsible for Coordinating Activities with USACE:

Name		Title	
Telephone Number	Cell Phone Number	Email Address	

Company Point-of-contact for Follow-up Information and Billing:

Name		Title	
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The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given. The applicant's acceptance of the permit shall constitute a hold harmless agreement, holding USACE and its employees from all damages, of or resulting from the film production activity, or from the acts of the filming company or its agents during the filming activity or occurring as a result of the use of filming locations by the filming company. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above.

Printed Name	Title	Company Name
Signature		Date

