

**NATIONAL PARK SERVICE**  
Little River Canyon National Preserve  
4322 Little River Trail NE, Ste. 100  
Fort Payne, AL 35967  
(256) 845-9605

**Application for Photography/Filming Permit – Long Form**

Please supply the information requested below. This information is required to evaluate your permit request. **Attach additional sheets, if necessary.** Allow at least fourteen (14) business days for processing. A non-refundable processing fee (\$50) will be required to accompany this application. There may be additional fees charged, including a location fee, and you will be required to provide proof of liability insurance.

Applicant:	Company:
Social Security #:	Tax ID #:
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax #:
Email:	Email:

Project name:	Producer:
Type of project:	Photographer:
Location manager:	Director:
Telephone #:	Insurance company:
Cell phone #:	

**TYPE OF PROJECT:**

- Stills, editorial    Stills, advertising    stills, other    stock photo/video/film
- Feature Film /TV Movie    TV Series/Pilot    Documentary/Travelogue    Commercial
- Music Video    Public Service Announcement    Infomercial    Industrial
- Other, explain \_\_\_\_\_

Will there be sound recording    Yes    No                      Night work :    No    Yes, explain

**SUMMARY OF SCENE(S):**

**SHOOTING SCHEDULE BY LOCATION:**

DATE	LOCATION	Start Time	End Time	Interior or Exterior	FILM	PREP	STRIKE	# of cast & crew
					<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"/>	

Set dressing or other structures proposed:  No  Yes, explain

**ATTACH ADDITIONAL PAGES FOR INFORMATION NEEDED TO EVALUATE YOUR PERMIT REQUEST INCLUDING: set construction, parking, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, or use of any building and site clean up. Include a proposed Site Plan(s).**

Electrical needs, explain \_\_\_\_\_ Generator:  No  Yes, size \_\_\_\_\_

Lighting:  None  Reflectors only  Yes (explain)

Road: \_\_\_\_\_ Date/time: \_\_\_\_\_  Closure requested

Running shots  Driving shots  Drive-bys  Tow shots  Drive-ups & Away  Wet down road

Camera/Equipment on Road Shoulder  Camera/Equipment on median  Other (explain)

**OPERATIONAL INFORMATION:**

Number of Personnel and Vehicles:

\_\_\_\_ Total Cast & Crew      \_\_\_\_\_ Personal Cars      \_\_\_\_\_ Large Trucks      \_\_\_\_\_ Other Trucks  
\_\_\_\_ Vans      \_\_\_\_\_ Camera Car      \_\_\_\_\_ Picture Cars      \_\_\_\_\_ Motor homes      \_\_\_\_\_ Dressing Rooms

Other Vehicles (explain)

Base Camp location:

Catering Co. Name \_\_\_\_\_ Phone # \_\_\_\_\_

**SPECIAL ACTIVITIES:**

Children:  None  Yes # of Children \_\_\_\_\_ Age Range \_\_\_\_\_

Animals:  None  Yes (explain)

Trainer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Aircraft:  No  Yes (explain)

Special Effects: (identify)

Effects Technician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

License # (if applicable) \_\_\_\_\_ Permit # (if applicable) \_\_\_\_\_

Stunts: (explain)

Coordinator \_\_\_\_\_ Phone # \_\_\_\_\_

Any other unusual or hazardous activities, explain

**Person on location responsible for company's adherence to all terms & conditions of a Film Permit:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person on location responsible for coordinating activities with the NPS:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Person at the company office to contact for follow up information and billing:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. 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.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of cash, cashier's check or money order in the amount of \$50.00 made payable to **National Park Service**. Application and administrative charges are non-refundable.

This completed application should be mailed to:

*Little River Canyon National Preserve  
Attention: Kim Kirk, Administrative Officer  
4322 Little River Trail NE, Ste. 100  
Fort Payne, AL 35967*

**Note** that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

\*\*\*\*\*

**Paperwork Reduction Act Statement:** This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 60 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (org. code 2460), Washington, D.C.