



Talent comprise anyone in front of the camera and includes, but is not limited to, actors, hosts, correspondents, presenters, park visitors, cooperators, volunteers, National Park Service and concessionaire staff, etc.

**Do you intend to utilize talent?**    Yes        No

If yes, provide a full description of who they are and how they will be utilized:

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**LOCATION SCHEDULE:**

DATE	LOCATION	Start Time	End Time	Interior or Exterior	FILM STRIKE PREP	# of cast & crew*

**\*number in this column should include all individuals present at the location**

How will individuals with access to the site be identified? (Identification tags are recommended.)

\_\_\_\_\_

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

Lighting:    None        Reflectors only        Yes (explain) \_\_\_\_\_

\_\_\_\_\_

Road Use: \_\_\_\_\_ 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:**

**Vehicles:**

Personal Cars \_\_\_\_\_ Large Trucks \_\_\_\_\_ Other Trucks \_\_\_\_\_ Vans \_\_\_\_\_ Motor homes \_\_\_\_\_

Semi-Tractor Trailers \_\_\_\_\_ Camera Car \_\_\_\_\_ Picture Cars \_\_\_\_\_ Dressing Rooms \_\_\_\_\_

Other Vehicles (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).

**CONTACTS:**

**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** \_\_\_\_\_

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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 a cashiers 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 the Special Park Use Coordinator at the Park address found on the first page of this application.*

**Note** that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

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*The above application form is provided with the understanding that parks will insert appropriate park names and addresses and the amount of the application fee as desired.*

**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 30 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 (2465), Washington, D.C. 20240