

Arizona State Parks and Trails
23751 N 23rd. Ave. #190, Phoenix, AZ 85085
Phone: 602-542-4174 Fax: 602-542-4188

PRE-PERMIT-APPLICATION for Commercial Filming/Still Photography

NAME OF PARK: _____ **LOCATION IN PARK** _____

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** Allow 14 business days for processing this request through to the actual permit for small group shoots and 30 days for filming with groups of more than six participants. You will be notified of the disposition of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges, a location fee, and proof of \$1 million dollar General liability insurance, naming the Arizona State Parks Board as insured is required.

Applicant:	Company:
ID required at gate.	Tax ID #:
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax #:
E-mail:	E-mail:

Project name:	Producer:
Location manager:	Photographer:
Telephone #:	Director:
Cell phone #:	Insurance company:
E-mail:	

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 Infomercial Industrial Public Service Announcement
 Other, explain _____

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

Drone (Quadcopter/UAV) - (Please provide FAA Certificate)

Detailed description of on-site activities _____

Talent comprise anyone in front of the camera and includes, but is not limited to, actors, hosts, correspondents, presenters, park visitors, cooperators, volunteers, Arizona State Parks and concessioner 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:

LOCATION SCHEDULE:

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"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

***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 _____

Sanitation Needs: Trash disposal yes/no explain: _____

Restrooms: yes/no explain: _____

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) _____ potential off-road activities ? _____

OPERATIONAL INFORMATION:

Type and Number of vehicles:

Personal Cars _____ Large Trucks _____ Other Trucks _____ Vans _____ Motor homes _____

Semi-Tractor Trailers _____ Camera Car _____ Picture Cars _____ Dressing Rooms _____

Other Vehicles _____

(explain) _____ **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.

List all vehicles to access park property (attach additional sheets if necessary):

MAKE	MODEL	COLOR	STATE	LICENSE PLATE #

Base Camp location (attach diagram if necessary:) _____

CATERING INFORMATION

Catering Co. Name _____ Phone Number _____

On-site Manager _____ Food License Information: _____

Equipment: _____

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 # _____

Pyrotechnics:

Pyrotechnist name: _____ Phone # _____

License # _____ Permit # _____

Any other unusual or hazardous activities? explain

Are you familiar with/ have you visited the requested area? Y N

Have you obtained a permit from the Arizona State Parks in the past? Y N

(If yes, provide a list of permit dates and locations on a separate page.)

Do you plan to advertise or issue a press release before the event? Y N

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 ASP:

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 in this application will be used to determine whether a permit will be issued. This completed application should be emailed to the park manager and pio@azstateparks.gov as soon as possible. The Park Manager will determine if the shoot will be allowed after reading the application.

If approved, the fee assignment for the proposed photo/video shoot will be due with the insurance paperwork prior to the date of arrival or the shoot will not be allowed. Your permit fee in the form of a cashier's check or money order is made payable to **Arizona State Parks** and mailed to the State Park Manager.