

SALVATION MOUNTAIN FILMING APPLICATION

Specific Location Requested: _____

Production Company

Contact Information

Company Name: _____	Name: _____
Address: _____	Title: _____
City: _____	Phone: _____
State: _____	Cell: _____
Zip: _____	Fax: _____
Phone: _____	Email: _____
Fax: _____	Website: _____

Permit Services

Company: _____	Contact Name: _____
Phone: _____	Fax: _____
Cell: _____	Email: _____

Project Information

Special Effect Information

Title: _____ Type: <input type="checkbox"/> TV <input type="checkbox"/> Reality <input type="checkbox"/> Commercial <input type="checkbox"/> Still <input type="checkbox"/> Feature <input type="checkbox"/> Documentary <input type="checkbox"/> Student <input type="checkbox"/> Music <input type="checkbox"/> Other	<i>Check All That Apply:</i> <input type="checkbox"/> Fire Effects <input type="checkbox"/> Explosion <input type="checkbox"/> Stunt <input type="checkbox"/> Animals <input type="checkbox"/> Smoke <input type="checkbox"/> Aerial <input type="checkbox"/> Candles <input type="checkbox"/> Sparks <input type="checkbox"/> Propane <input type="checkbox"/> Gunfire
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Effect/Activity Description: _____

Shoot Dates

Prep	From: _____	To: _____	Call Time: _____	Wrap Time: _____
Shoot	From: _____	To: _____	Call Time: _____	Wrap Time: _____
Strike	From: _____	To: _____	Call Time: _____	Wrap Time: _____
Hold	From: _____	To: _____	Call Time: _____	Wrap Time: _____

Personnel

Vehicles & Parking

	Type	Cast/Crew	Extras		
Day 1	_____	_____	_____	<i>List All That Apply:</i> Crew Cars/Vans: _____ Other: _____ Cranes/Condors: _____ Base Camp: _____ Picture Cars: _____ Permits: _____ Trucks/Trailers: _____ Motorhomes: _____ Generators: _____ (requires a Fire Marshal)	
Day 2	_____	_____	_____		
Day 3	_____	_____	_____		
Day 4	_____	_____	_____		
Day 5	_____	_____	_____		
Day 6	_____	_____	_____		

Please Fax to: (760) 699-2947

Permit # _____