



**State of Florida
Office of the Film Commissioner
Filming Permit Application
For Access to State Locations**

Permit # _____

Company Information (Liability Insurance for \$1,000,000 naming the State of Florida as additionally insured must be submitted to the Office of the Film Commissioner)

Company Name _____
Company Contact _____ Title _____
Address _____ City _____
State/Province _____ County _____ Postal Code _____
Phone _____ Fax _____ Pager _____ Mobile _____
E-Mail _____

Production Contact (Permittee shall have on site a responsible representative empowered with authority over the filming director, crews, participants and operations)

Production Contact _____ Title _____
Address _____ City _____
State/Province _____ County _____ Postal Code _____
Phone _____ Fax _____ Pager _____ Mobile _____
E-Mail _____

Production Information*

Production Title/ Product _____
Type _____ Language _____
Floridians Employed: Cast _____ Crew _____ Extras _____
Production days in Florida _____ \$'s Spent in Florida _____
Days at State Location _____
Room Nights in Florida _____ Hotel Name _____ City _____

Region in which majority of project is being filmed (check one)

Capital Florida Keys Mid-Florida North Central Northeast Northwest
Southeast Southwest Space Coast/ Central East Coast Tampa/ St. Petersburg/ Clearwater
Treasure Coast

* Two (2) full scripts must be submitted with permit application.

State Locations Requested
Script Pages

Start
Date

End
Date

Start
Time

End
Time

Description of Scenes

Description of Scenes

Description of Scenes

Technical Information

Pyrotechnics

Description _____

Special Effects # _____

Technician _____

License # _____

Phone # _____

Vehicles

Number of

Trucks: _____

Autos: _____

Vans: _____

Cater: _____

Motorhomes: _____

Picture Cars: _____

Generator: _____