



LOCATION FILMING PERMIT APPLICATION

Date Submitted:	<input type="checkbox"/> New <input type="checkbox"/> Revised Application
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CONTACT INFORMATION

Film Company:	Production Title:	
SPFX Key:	SPFX Key Cell:	SPFX Key Email:
Gun Wrangler:	Gun Wrangler Cell:	Gun Wrangler Email:
Firearms Business License:		
Possession and Acquisition License (PAL):		

FILMING INFORMATION

Film Location:
Scene Description:
Date(s)/Time(s) of Filming:
Projected set-up Date:
Projects initiation times:
What is being fired at? <input type="checkbox"/> Vehicle <input type="checkbox"/> Prop <input type="checkbox"/> Person <input type="checkbox"/> Other (please specify):

FIREARM DETAILS

Types of Firearms:
Number of Rounds:
Will an air capsule gun be used (e.g. Sweeney gun) <input type="checkbox"/> Yes <input type="checkbox"/> No
Please state place and method of firearms storage on site:

CHECK LIST

<input type="checkbox"/> Submit a copy of the Firearms Business License <input type="checkbox"/> Submit a copy of the "on-set" Firearms Handlers PAL <input type="checkbox"/> Has Paid Duty Officer been requested. *Applicable if SSMPS requires a PDO on site. *
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IMPORTANT NOTES

- Prop replica firearms MUST be secured in the same way as actual firearms
- By-Law exemption must be obtained for firing gun and noise within city limits.

Form Completed By: _____ Signature: _____
(Gun Wrangler)