



SPFX APPLICATION			
Date Submitted:		<input type="checkbox"/> New <input type="checkbox"/> Revised Application	
CONTACT INFORMATION			
Film Company:		Production Title:	
SPFX Coordinator:	SPFX Coordinator Cell:	SPFX Coordinator Email:	
SPFX Key:	SPFX Key Cell:	SPFX key Email:	
Pyrotechnician Certificate #:			
Class:			
Def Cord inclusions: <input type="checkbox"/> Yes <input type="checkbox"/> No			

FILMING INFORMATION
Film Location:
Scene Description:
Date(s)/Time(s) of Filming:
Projected set-up Date:
Projects initiation times:

SPFX DETAILS
Type of Materials (Including Quantities):
Planned number of resets:
Please state place and method of handling/storage:
Please provide a detailed description of safety precautions in place:

CHECK LIST
<input type="checkbox"/> Submit a copy of the Pyrotechnician Certificate
<input type="checkbox"/> Submit a detailed site plan
<input type="checkbox"/> Submit a spill management plan *If applicable*
<input type="checkbox"/> Submit Safety Data Sheet for any gels/foams/hazardous liquids that will be discharged into the environment.
<input type="checkbox"/> Has Paid Duty Officer or Fire Services been requested. *Applicable if SSMPS or SSMFS requires a PDO on site. *

Form Completed By: _____ Signature: _____
(SPFX Coordinator)