



STATE PARKS & HISTORIC SITES

Date		NAME OF PROJECT	
PROJECT LOCATION(S):			
ORGANIZATION OR COMPANY ADDRESS			
CITY	STATE	ZIP	
TELEPHONE		E-MAIL	
PRODUCTION MANAGER		PHONE:	
		EMAIL:	
LOCATION MANAGER		PHONE:	
		EMAIL:	
TYPE OF PRODUCTION			
<input type="checkbox"/> Feature Film <input type="checkbox"/> Television <input type="checkbox"/> Commercial Advertisement <input type="checkbox"/> Educational <input type="checkbox"/> Photography <input type="checkbox"/> Other: _____		Intended use of project:	
PRODUCTION DETAILS			
Number of Production Staff: _____			
On Site Accommodations Requested? Yes/No			
If yes, please detail request here: _____			



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	<p>Check off all vehicles that will be on site. List number (#) of vehicles to be present:</p> <p><input type="checkbox"/> Personal Cars # _____</p> <p><input type="checkbox"/> Large Trucks # _____</p> <p><input type="checkbox"/> Semis # _____</p> <p><input type="checkbox"/> Vans # _____</p> <p><input type="checkbox"/> Camera Car # _____</p> <p><input type="checkbox"/> Picture Cars # _____</p> <p><input type="checkbox"/> Motor Homes/RV's # _____</p> <p><input type="checkbox"/> Other Vehicle(s) _____ # _____</p>
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PRODUCTION SCHEDULE

Total Number of Day(s) on Site: _____

Date(s)/Time(s)

Arrive on Site/Preparatory: _____

Filming Day(s): _____

Wrap/Restore Day(s): _____

Proposed location(s) of production on site (Include base camp area location):



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Does the proposed project (check if applicable):

- Impact site visitors by restricting access/or closing public use area/facilities?
- Involve the use of artifacts or historic structures?
- Require access to restricted areas/facilities?
- Require special hours (outside of normal site hours of operation)?
- Require site supervision or oversight?
- Require restoration of site resources?
- Present potential liability issues?
- Have the potential for profit or commercial gain?

The Georgia State Parks & Historic Sites requests to be recognized and/or credited with all film projects taking place at our sites, would you be able to accommodate that request?

_____ Yes _____ No (explain) _____

GENERAL INFORMATION

General description of script and production content (please provide specific details on how the location will be impacted by your activity there):

Please disclose any further items, animals, equipment etc. that will be brought on site:

CHECK ANY ACTIVITIES THAT WILL OCCUR

- Remote Controlled Aircraft (Drone)*
- Stunts
- Special Effects (Pyrotechnics, explosions etc.)
- Other Potentially Hazardous Activities:



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*** Drone Use Requirements: A copy of the pilot's license (Part 107) and drone registration must be included.**

Pilot's Name _____

of drones to be used _____

FAA License Number _____

Insurance Company (Certificate may be required) _____

Federal tax I.D. Number _____

To request set construction, off-road activity, or interior use of building(s), attach detailed request information to this application.

The Department reserves the right to deny any application for commercial filming or photography.

This application has an automatic processing fee of \$200.00.

Applications must be received by the Department a minimum of ten (10) business days prior to any filming request date.

A rush fee will be applied to requests which violate this deadline.

Any request made within five (5) business days or less of a film shoot will be automatically denied.

I hereby affirm that the above information is complete and accurate, and that no false or misleading information or false statements have been given. I have full authority to represent the Applicant/Production Company and the project described above.

Applicant's Signature

Date



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