

**UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE**

White Sands National Monument
PO Box 1086 Holloman AFB, NM 88330-1086
Phone: 505-679-2599 X231 Fax: 505-479-1116
Application for Photography/Filming Permit - Long Form

Date _____

1st Unit _____
2nd Unit _____

GENERAL INFORMATION

Company Name
Address
City/State/Zip
Phone #
FAX #
Producer
Insurance Co.
Federal Tax No. or Social Security No.

Applicant/Agent
Address
City/State/Zip
Phone #
Beeper #
Photographer/Director
Name of Project/Client:

Type of Project:

- Stills, editorial Stills, advertising stills, other stock video/photo
- Feature Film /TV Movie TV Series/Pilot Documentary/Travelogue Commercial
- Music Video Public Service Announcement Infomercial Industrial
- Other, explain _____ Sound Yes No

Summary of scene(s)

SITE INFORMATION:

Total number of days on site: _____ Shoot _____ Prep _____ Strike _____ Hold _____
Night work : No Yes, explain _____

SHOOTING SCHEDULE BY LOCATION:

DATE	LOCATION	Start Time	End Time	FILM	PREP	STRIKE
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Exteriors
- Interior: Building name _____ Other, explain _____

Set dressing or other structures proposed: No Yes, explain

To request set construction, off-road activity, trail use, or interior use of building, attach detailed information including proposed Site Plan.

Electrical needs, explain _____ Generator: No Yes, size _____ Lighting: None Reflectors only Yes (explain)

Road: _____ Date/time: _____ Closure requested

Running shots Driving shots Drive-bys Tow shots Drive-ups & Away Wet down road

Camera/Equipment on Road Shoulder Camera/Equipment on median Other (explain)

OPERATIONAL INFORMATION:

Number of Personnel and Vehicles:

Total Cast & Crew _____ Personal Cars _____ Large Trucks _____ Other Trucks _____ Vans

Camera Car _____ Picture Cars _____ Motor homes _____ Dressing Rooms

Other Vehicles (explain)

Base Camp location

Catering Co. Name _____ Phone # _____

SPECIAL ACTIVITIES:

Children: None Yes # of Children _____ Age Range _____

Animals: None Yes (explain)

Trainer Name: _____ Phone # _____

Aircraft: No Yes (explain)

Special Effects: (identify)

Effects Technician Name: _____ Phone # _____

License # (if applicable) _____ Permit # (if applicable) _____

Stunts: (explain)

Coordinator _____ Phone # _____

Any other unusual or hazardous activities, explain

Attach pages to provide additional information for permit consideration.

Person on location responsible for company's adherence to all terms & conditions of Film Permit:

Name: _____ Title: _____ Phone: _____

Person on location responsible for coordinating activities with the NPS:

Name: _____ Title: _____ Phone: _____

Person at the company office to contact for follow up information and billing:

Name: _____ Title: _____ Phone: _____

I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above.

Signature _____ **Title** _____ **Date** _____
Company Name _____

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$200.00 made payable to **National Park Service**. Application and administrative charges are non-refundable. *This completed application should be mailed to Park address information.*

Note that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

The above application form is provided with the understanding that parks will insert appropriate park names and addresses as desired. In addition, parks are encouraged to request (under separate sheets) any additional information needed to address specific park needs.

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 60 minutes per response including the time it takes to read, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service Program Manager, Special Park Uses, Ranger Activities Division, 1849 C Street, NW., Washington, D.C. 20240 and to the Information Collection Clearance Officer, Washington Administrative Program Center, 1849 C Street NW., Washington, D.C. 20240. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

