



# FILM & THEATER FIREARMS DISCHARGE PERMIT APPLICATION

## Production Company & Permit Holder Information

Production or Film Name: \_\_\_\_\_

Production Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *Province/State* *Postal/Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Production Company Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Permit Details

Production Date/Time and Location:

Indoors      Outdoors

Where will the Firearm be used?:

Check all applicable boxes and provide brief scene details of firearm use:

Holstered or Slung Firearm on Performer:

Firearm in Hand Performer:

Simulated Shooting or Shouldering of Firearm:

Blank Gun Fire: *(If so, check all that apply below)*

Manually Operated Action or Single Action

Semi-Automatic

Fully Automatic

Large Caliber (over 7.62x51 caliber)

Other (Describe)

Brief Scene Description *(attach blocks if needed)*:

