

## FILM & THEATER FIREARMS DISCHARGE PERMIT APPLICATION

	Production Company	a Permit Holder in	omation				
Production	or Film Name:						
Production	Company Name:						
Address:							
	Street Address			Apartment/Unit #			
	City		Province/State	Dontol/7in Codo			
	City		Province/State	Postal/Zip Code			
Phone:		_ Email <u>:</u>					
Production	Company Contact Person:						
Phone:		_ Email <u>:</u>					
	Perr	nit Details					
Production	Date/Time and Location:						
			Indoors C	Outdoors			
Where will	the Firearm be used?:						
Check all applicable boxes and provide brief scene details of firearm use:							
Holster	ed 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 Ac	tion					
	Semi-Automatic						
	Fully Automatic						
	Large Caliber (over 7.62x51 caliber)						
	Other (Describe)						
Brief Scene Description (attach blocks if needed):							

	For Theatrical/Film	Productio	ns ON	NLY
Type of "Prop Gun" or blank Firearm(s) being used in production:				
Provider of "Prop Gun" or Firearm(s) & Ammunition:				
How and Where will Firearm(s) be Stored:				
	Firearm W	/ranglers		_
Primary Wrangler Name(s):				
Company Name:				<u> </u>
Phone:				
PAL#:				
Secondary Wrangler Name:		PA	L <u>#:</u>	
Phone:	Email:			
	Disclaimer ar	nd Signatu	ıre	
I certify that my answers are may result in the Discharge F	true and complete. I understand tha			g information in my application or interview
Signature:		Date:		
	OFFICE U	SE ONLY		
Reviewing FST Member & [	Date: ———	YES	NO	
Is a Site Inspection Require	d?	120	110	(include Site Inspection Form)
		YES	NO	
Application Approved?				
Signature:				Date: