## UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL PARK SERVICE

## Grand Teton National Park PO Box 170 Moose, WY 83012

## **Application for Photography/Filming Permit - Long Form**

Date	
1 <sup>st</sup> Unit	
2 <sup>nd</sup> Unit	
GENERAL INFORMATION	
Company Name	Applicant/Agent
Address	Address
City/State/Zip	City/State/Zip
Phone #	Phone #
FAX#	Beeper #
Producer	Photographer/Director
Insurance Co .	Name of Project/Client:
Federal Tax No. or Social Security No .	
Гуре of Project:	
☐ Stills, editorial ☐ Stills, advertising ☐ s	
	lot   Documentary/Travelogue   Commercial
☐ Music Video ☐ Public Service Announcer	ment $\square$ Infomercial $\square$ Industrial
☐ Other, explain	
Sound □ Yes □ No	
Summary of scene(s)	

## **SITE INFORMATION:** Total number of days on site: \_\_\_\_\_ Shoot \_\_\_\_ Prep \_\_\_\_ Strike \_\_\_\_ Hold Night work : $\square$ No $\square$ Yes, explain SHOOTING SCHEDULE BY LOCATION: Start End FILM PREP STRIKE DATE LOCATION Time Time ☐ 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: $\square$ No $\square$ Yes, size Lighting: $\square$ None $\square$ Reflectors only $\square$ 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 **SPECIAL ACTIVITIES:** Children: None Yes # of Children \_\_\_\_\_ Age Range \_\_\_\_\_ Animals: $\square$ None $\square$ Yes (explain) Trainer Name: \_\_\_\_\_\_Phone # \_\_\_\_\_

Aircraft:  $\square$  No  $\square$  Yes (explain)

Special Effects: (identify)		
Effects Technician Name: _		Phone #
License # (if applicable)		Permiit #
Stunts: (explain)		
Coordinator		Phone #
Any other unusual or hazard	dous activities, explain	
Attach pages to provide add	litional information for permit considera	ition.
Person on location responsi	ble for company's adherence to all terms	& conditions of Film Permit:
Name:	Title:	Phone:
Person on location responsi	ble for coordinating activities with the N	NPS:
Name:	Title:	Phone:
Person at the company offic	ee to contact for follow up information a	nd billing:
Name:	Title:	Phone:
information or false stateme	e information given is complete and corrents have been given .All estimates are reto represent the applicant/production co	eliable to the best of my knowledge
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 or credit card information in the amount of \$100.00 made payable to National Park Service. Application and administrative charges are non-refundable. This completed application should be mailed to Grand Teton National Park, Terry Roper/Chief Ranger's Office, P O Box 170, Moose, WY 83012.

**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.