

SALVATION MOUNTAIN FILMING APPLICATION

Specific Location Requested: _____

Production Company

Contact Information

Company Name: _____	Name: _____
Address: _____	Title: _____
City: _____	Phone: _____
State: _____	Cell: _____
Zip: _____	Fax: _____
Phone: _____	Email: _____
Fax: _____	Website: _____

Permit Services

Company: _____	Contact Name: _____
Phone: _____	Fax: _____
Cell: _____	Email: _____

Project Information

Special Effect Information

Title: _____	Check All That Apply:
Type: <input type="checkbox"/> TV <input type="checkbox"/> Reality <input type="checkbox"/> Commercial	<input type="checkbox"/> Fire Effects <input type="checkbox"/> Explosion <input type="checkbox"/> Stunt
<input type="checkbox"/> Still <input type="checkbox"/> Feature <input type="checkbox"/> Documentary	<input type="checkbox"/> Animals <input type="checkbox"/> Smoke <input type="checkbox"/> Aerial
<input type="checkbox"/> Student <input type="checkbox"/> Music <input type="checkbox"/> Other	<input type="checkbox"/> Candles <input type="checkbox"/> Sparks
	<input type="checkbox"/> Propane <input type="checkbox"/> Gunfire

Effect/Activity Description: _____

Shoot Dates

Prep	From: _____	To: _____	Call Time: _____	Wrap Time: _____
Shoot	From: _____	To: _____	Call Time: _____	Wrap Time: _____
Strike	From: _____	To: _____	Call Time: _____	Wrap Time: _____
Hold	From: _____	To: _____	Call Time: _____	Wrap Time: _____

Personnel

Vehicles & Parking

	Type	Cast/Crew	Extras	
Day 1	_____	_____	_____	List All That Apply:
Day 2	_____	_____	_____	Crew Cars/Vans: _____ Other: _____
Day 3	_____	_____	_____	Cranes/Condors: _____ Base Camp: _____
Day 4	_____	_____	_____	Picture Cars: _____ Permits: _____
Day 5	_____	_____	_____	Trucks/Trailers: _____
Day 6	_____	_____	_____	Motorhomes: _____
				Generators: _____ (requires a Fire Marshal)

Email to info@salvationmountain.org
 or mail to Salvation Mountain, Inc.
 PO Box 1577, Calpatria, CA 92233

Permit # _____