

Application for the UC IRVINE FILM AND PHOTOGRAPHY PERMIT

Project: _____

Production Company: _____

Address: _____

Tax ID #: _____

Producer: _____ **Director:** _____

1st AD: _____ **Phone:** _____ **Email:** _____

UPM: _____ **Phone:** _____ **Email:** _____

Location Mgr.: _____ **Phone:** _____ **Email:** _____

Transportation Coord.: _____ **Phone:** _____ **Email:** _____

Type of Project:

- | | | |
|--|----------------------------------|--|
| <input type="radio"/> Feature film | <input type="radio"/> Commercial | <input type="radio"/> Non-UCI student production |
| <input type="radio"/> Broadcast television | <input type="radio"/> Print Ad | |
| <input type="radio"/> Non-broadcast video | <input type="radio"/> PSA | |

Date(s) Requested:

Shoot Date(s) _____ Prep/Strike date(s) _____

Hours _____

Locations Requested: _____

FX (e.g., fire arms/weapons, stunts, or driving/traveling shots): _____

On Campus Parking Requirements: _____

of Cast & Crew: _____ **# Extras:** _____

I have read the Guidelines for Filming and Photography on the UC Irvine Campus and agree to comply with the Filmmaker's Code of Conduct. I understand that any substantive change in the above information requires resubmission of this application.

Location Manager/UPM

Date