

## REQUEST FOR SPECIAL EFFECTS PERMIT

Please note 48 hour notice is required to process all permits. The technician must provide a copy of his/her California Pyrotechnic Operator card and driver's license.

Office Use Only	Permit Number:	Permit Fee:	Operator Card & Driver's License <input type="checkbox"/>
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Filming Location: \_\_\_\_\_

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

Job Name: \_\_\_\_\_

Location Manager Name: \_\_\_\_\_ Cell#: \_\_\_\_\_

Date(s) & Time(s) of event(s): \_\_\_\_\_

Film Permit#: \_\_\_\_\_ Audience: \_\_\_\_ Yes \_\_\_\_ No

Efx Tech Name: \_\_\_\_\_ Lic# \_\_\_\_\_ Cell# \_\_\_\_\_

Permit Requestor's Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Description of special effects including the quantity, size and type of each product(s):

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