

landcom filming proposal form

APPLICANT

Company name	
ABN	
Production representative	
Street Address	
Suburb/State/Postcode	
Phone	
Fax	
Email	

PRODUCTION DETAILS

Production Title	
------------------	--

TYPE OF PRODUCTION

- Feature
 TVC
 TV Series
 Documentary
 Other (please specify)

--

SUMMARY OF LOCATION APPLICATION/S ATTACHED

Location		Date/s	
Location		Date/s	
Location		Date/s	

PUBLIC LIABILITY INSURANCE

Attached is a Certificate of Currency of Public Liability Insurance (not less than \$A10,000,000) held by the Applicant with:

Company			
Policy No		Expiry Date	

Signed by Applicant or person signing on behalf of applicant – please state in what capacity

Signature		Name	
Capacity		Date	

landcom filming location application

A separate Application form should be completed for each location and submitted with one Filming Proposal Form

Applicant's name	
Production title	
Location	
Number of personnel	

AUTHORISED LOCATION CONTACT DETAILS (this person should be on location at all times):

Name			
Position		Phone No	

FILMING DETAILS

Please provide a detailed description of filming. Please attach further details if insufficient room. (note in particular any animals, firearms, specialfx, stunts, unusual scenes etc.)

Construction	Date		Call time		Wrap time	
Filming	Date		Call time		Wrap time	
Strike	Date		Call time		Wrap time	

CONSTRUCTION DETAILS

Supply full details of any proposed temporary sets/major dressing etc.

Special equipment (eg cherrypickers, lifts, wind machines etc.)

List all dangerous substances or articles to be taken on to the location

PARKING

Please list production vehicles by type, registration and size that require parking.
Please attach parking plan which should also show catering van and meals area.

Vehicle type		Registration		Size	
Vehicle type		Registration		Size	
Vehicle type		Registration		Size	
Vehicle type		Registration		Size	
Vehicle type		Registration		Size	
Vehicle type		Registration		Size	

TRAFFIC MANAGEMENT

Supply details of any proposed traffic management. Please state whether Police or RTA accredited personnel will control.

If RTA accredited persons give names and details of accreditation

Name		Accreditation	
Name		Accreditation	
Name		Accreditation	
Name		Accreditation	

SUBMIT