CLEAR FORM

Filming-City of Bayonne: Applicant Information Form

_____

Name of Filming Company

Address_____ City_____ State_____ Zip_____

Email Address_____ Telephone_____ Fax_____

_____

Name of Individual Making Application

Address_____ City_____ State_____ Zip_____

Email Address_____ Telephone_____ Fax_____

Additional Individuals with Supervisory Authority

Name	Date of Birth	Cell Telephone #	Email
_____	_____	_____	_____

Main: ID submission is mandatory

_____ _____ _____ _____

Secondary: ID submission is mandatory

_____ _____ _____ _____

Security

_____ _____ _____ _____

Actor Security: ID submission is mandatory

_____ _____ _____ _____

Union Labor

_____ _____ _____ _____

Safety Coordinator

_____ _____ _____ _____

Prop Master

_____ _____ _____ _____

Armorer: ID submission is mandatory

_____ _____ _____ _____

Drone Operator: ID submission is mandatory

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Others: (to include other entities, such as Private Property Owner, Hospital, Board of Education, etc)

Name	Date of Birth	Cell Telephone #	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I affirm that the above information is accurate

_____ _____

Submitted by Date