



DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM

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SWORN STATEMENT OF FILM PRODUCTION on COVID-19 VACCINATION STATUS

Name of Film Permit Applicant	FIPAC #
Project Name	DATE/TIME of Filming
STATE LOCATION OF FILMING	State Dept/Agency
Hawaii Film Office Film Permit Specialist	

This sworn statement is provided in response to requirements articulated in Governor David Ige's Executive Order No. 21-07. The authorized representative of the above-named film production company attests to the fact that all employees, contractors, vendors, and agents of the production company that are physically present at the above-mentioned state location specifically for filming activity as articulated in their approved state film permit, are **all** either fully vaccinated (and at least 14 days after their second shot) or if unvaccinated, have secured negative results to a COVID-19 test administered within 72 hours of the filming date.

Only an authorized individual having personal knowledge of the facts may sign the declaration below:

I declare, under penalty of law, that I have personal knowledge of the facts involved in this sworn statement, and, to the best of my knowledge and belief, the facts presented are true and correct.

Production Company Name (Please Print)

Project Name (Please Print)

Authorized Production Representative (PRINT NAME)

Title

Authorized Production Representative (SIGNATURE)

Date