



(Complete this section for **EACH** location requested and attach a detailed map)

**Applicant** (Must match COI): \_\_\_\_\_ **Project Name:** \_\_\_\_\_

\_\_\_\_\_) \_\_\_\_\_  
(Letter) (Name of Location) (Island) (Dates and Time)

**8. DESCRIBE ACTIVITY YOU WILL BE FILMING / TAPING AT THE LOCATION:**

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**9. TOTAL NUMBER OF PEOPLE (CAST AND CREW) ON LOCATION?** \_\_\_\_\_

**10. DESCRIBE ALL EQUIPMENT AND VEHICLES ON LOCATION** (Indicate Parking Plans):

a. Camera+ Equipment: \_\_\_\_\_

b. # of Vehicles: \_\_\_\_\_ c. Parking Plans: \_\_\_\_\_

(b. or c. cont'd)

**11. ANY USE OF MOTORIZED VESSELS?? YES\* NO**

**\*IF YES--** List all registration #'s below. Must be current (not expired) and match what is listed on your water safety letter:

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**12. DESCRIBE ANY USE OF THRILL CRAFTS / PLANES / HELICOPTERS / RECREATIONAL VEHICLES / PYROTECHNICS / SPECIAL EFFECTS / ANIMALS AND / OR ANY OTHER PROPS** (Attach a separate sheet if necessary):

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\_\_\_\_\_  
Applicant / Authorized Signature

\_\_\_\_\_  
Date

Both production company and its Hawaii representative or agent are responsible for the locations and activities listed herein.

### FOR USE BY HAWAII FILM OFFICE AND / OR GOVERNMENT AGENCIES

SUBMITTED BY: \_\_\_\_\_

Hawaii Film Office Staff Signature

\_\_\_\_\_  
Date

APPROVED / DENIED BY: \_\_\_\_\_

DOCARE Required : ☐ Yes ☐ No

Approved Subject to: ☐ Special Standard Conditions ☐ General Conditions ☐ Additional Conditions

☐ Obtaining approval from County Gov't. / Federal Gov't. / Private Land Owner

INSURANCE: ☐ Required ☐ Not Required ☐ Attached ☐ On File with the Film Office

SENT TO: ☐ Applicant ☐ DAGS ☐ DLNR (DAR / DOBOR / DOCARE / DOFAW/ LM / NARS/ Parks)

☐ DOT (Air. / Har. / Hwys.) ☐ DBEDT (HCDA/HFO) ☐ Judiciary ☐ UH: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

ADDITIONAL COMMENTS/CONDITIONS:

FEE:

MADE OUT TO :

DELIVERED/MAILED TO:

FIPAC#