

SFO Film Permit Application

Email, FAX or mail both **SFO Film Permit Application** and signed **Conditions Governing Issuance of Film Permits** to:

Fully completed applications must be received by SFO's Airport Duty Manager's office at least Three (3)

Brian Horne – Airport Duty Manager San Francisco International Airport P.O. Box 8097 San Francisco, CA 94128

brian.horne@flysfo.com

Telephone: (650)821-5222 FAX: (650)821-5225

Area(s) of filming:

weeks prior to film date. Please note that completion of the application does not necessarily guarantee that a permit will be issued. Date of Application: _____ Name of Permittee: _____ Company Name: Address/City/State/Zip: Telephone: ______ FAX: _____ Email Address: Project Title: Time(s) of filming: Date(s) of scouting: Date(s) of prep or walk-thru: Type of filming: Still Photos Motion Picture Filming Other: Purpose of filming:

Will filming occur at the site of, or If Yes, what is the Tenant's name?		
	tten approval that sets forth Tenant's	agreement to participate)
Full Names (First, Middle and Las	st), Date of Birth & Position of crew, st	aff, models and clients:
Name:	DOB:	Position:
	DOB:	
Name:	DOB:	Position:
Issuance of Film Permits.	ion as required in <i>Section 3</i> (Items d thru	<u> </u>
d. Number and type of production	n vehicle(s):	
e. Equipment (i.e. cranes, scissor l	ift, etc):	
f. Lighting requests:		
g. Identification and use of props:		
h. Aircraft (type and use):		
i. Special effects (i.e. rain, smoke,	explosives, etc):	
j. Identification and use of animals	s:	
k. Alteration requests (i.e. paintin	ng, sign posting or removal):	
I. Stunt requests:		
NOTES:		