

## FILM PERMIT APPLICATION FORM

PRODUCTION COMPANY			
ADDRESS			
TELEPHONE	FAX	EMAIL	
			<del></del>
PRODUCER/DURECTOR_			
ADDITIONAL CONTACT_			
TYPE OF PRODUCTION (P			
COMMERCIALTEL	EVISION PRODUCTION	_ MUSIC VIDEO	
FEATURE FILM DO	CUMENTARY STILL PH	HOTOGRAPHYOTHER	
PRODUCTION TITLE			
DATES OF PRE-PRODUCT	ION		
DATES OF PRODUCTION/S	SHOOTING		
BUDGET IN BVI (In U.S. De *PLEASE ATTACH YOUR FI	ollars) NAL CONCEPT/TREATMENT IF	TOTAL BUDGET FOR PROJECT	<del> </del>
	EQUIPM OF YOUR INSURANCE CERTIFIC	MENTCATE (S)	
I/WE HEREBY AGREE AND B FULLY AND SAVE HARMLES BVI, AND THEIR OFFICERS,	IND MYSELF/OURSELVES, MY/OUS, THE BRITISH VIRGIN ISLANDS AGENTS, OFFICIALS, AND EMPLO M OR INCIDENTAL TO THE ISSUIT	DUR HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, OR ASSI S FILM COMMISSION, THE BVI NATIONAL PARKS TRUST AND THE OYEES FROM ANY AND ALL ACTIONS, CLAIMS, DEMANDS, DAMAC IING OF PERMISSION TO FILM OR USE OF ANY LOCATION. THE API	GN TO INDEMNIFY GOVERNMENT OF THE GES, LOSS OR EXPENSE
SIGNATURE OF APPLICANT_			
NAME (Please Print)			
TITLE	DATE		

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