DENALI NATIONAL PARK AND PRESERVE SUPPLEMENTAL COMMERCIAL FILMING QUESTIONNAIRE

(All guestions must be answered and the non-refundable \$200 application fee received before the Questionnaire will be reviewed.)

Date: Applicant: _____ Company Name: Street:_____ City/St/Zip:_____ City/St/Zip: Business Phone: Business Phone: FAX: ____ Cell Phone: Cell Phone: E-Mail Address: E-Mail Address:_____ Producer:_____ Photographer/Director:_____ Insurance Co:_____ Name of Project:_____ Federal Tax No. or Social Security No. Film Dates:_____ Thru:_____ 1. Describe fully the project to be completed while in the park. Include name of client and advertising medium(s). (Use additional sheets if necessary) 2. Which in-park locations are being considered for use? (Be specific.) (Use additional sheets if necessary) 3. Will specialized equipment/props be required at any location? YES_____NO____. If YES, describe each fully below: (Booms, Light Screens, Special Effects Equipment, etc.) (Use additional sheets if necessary) 6. Will traffic control (stops) be requested? YES____NO___. If YES, length of delays desired? _____Minutes. 7. Crew required at each camera location? _____. Number of vehicles required at each camera location? _____.

8. List by type the vehicles required at each camera location: (van, 4X4, camera car, cube van, water/grip truck, etc.)									
		(Use ad	Iditional sheets if necess	sary)					
9. Will a "	staging area" for	the entire crew and/or ext	ra vehicles/equipment b	e requested? YES_	NO	If YES, where?			
10. Name	e of person who v	will be "in charge" at the filr	ming site/activity:						
11. Will fil	ming involve voi	ce takes? YESNO							
12. Any ir	n-park buildings r	equested for use in filming	activities? YESNO_	If YES, which bu	uildings and	to what extent?			
			Iditional sheets if necess	ean()					
12 Aro fi	yad wing aircraf				NO	If VES describe			
		t landings in the park exp vide the preferred date(s)		project: TES		II TES, describe			
14. Name	e of aircraft insu	rance company:				Amount: \$			
15. Shoot	ing Schedule:								
Date	Time	Location		Storyboard					

18. Person(s) responsible for on-site coordination with National Park Service Monitor: Name:		terial such as story boards, scr		ns that may assist in furthe	er defining
Name: Title: Phone:	, , ,		·		
Name: Title: Phone:					
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Name: Title: Phone: Phone: 19. Billing Address: Attention: Street Address: Business Phone: City/State/Zip: FAX Phone: FAX Phone: FAX Phone: State that the information given is complete and correct, and that no false or misleading information statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to me the applicant/production company and the project described above Date					
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Company	Signature	Title		Date	
	Company				
Representing/Client Name	Representing/Client Name_				

Check or money order in the amount of \$200.00 must accompany the completed Commercial Film Application and Commercial Film Questionnaire made payable to the National Park Service. This administrative fee is non-refundable. Remit payment to: Denali National Park, Photography Permits, Post Office Box 9, Denali Park, Alaska 99755.