



City of Victorville Fire Prevention Division

14343 Civic Dr
Victorville, CA 92392
(760) 955-5227



Application for Film Permit

FILM/ LOCATION INFORMATION

Film Location: _____

Project Title: _____ Project Type: _____

Film Date: _____ Film Hours: _____ No. of Days: _____ No. of Personnel: _____

Description of Activity:

Materials (FX or Pyrotechnic) to be used (include quantity and type) :

Special Effects Coordinator: _____ California License Number: _____

UPM: _____ Location Manager: _____

APPLICATION INFORMATION

Applicant Name: _____ Phone No.: _____

Fax No. : _____ Email: _____

COMPANY INFORMATION

Company Name: _____

Mailing Address: _____

Street

City

State

Zip Code

Please Select the applicable film type below:

FILM PERMIT

Film Permit – With Hazards

Film Permit – General

As the sponsor's designated contact person/agent, I have reviewed and completed this application and declare under penalty of perjury under laws of the State of California, that all statements are accurate, complete, and true.

Applicant Name: _____ Signature: _____ Date: _____