

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
PERMIT FOR FILMING ON A STATE ROAD

Date: _____

Permit No. _____

Production Company

Company Name _____ Contact Person _____
Telephone _____ Email _____
Address _____

Production

Title & Type _____
Description of Scenes _____
Location or Route (attach map) _____
Requesting Lane Closures yes no (if yes, attach maintenance of traffic plan)
Number of Cast/Crew _____ Number of & Type of Equipment _____
Begin Date _____ Time _____ End Date _____ Time _____

Law Enforcement Agency Responsible for Traffic Control

Name of Agency _____

US Coast Guard Approval for Controlling Movable Bridge

Not Applicable
Copy of USCG Approval Letter Attached
Bridge Location _____

Pyrotechnics

Will Use: yes no (if yes, attach local government permit if required)
Permit Required Not Applicable

Low Flying Aircraft

Will Use: yes no (if yes, attach written authorization from Federal Aviation Administration)

Overhead Utilities

List of Utilities That Will Be Affected _____
Utility Approval Attached Not Applicable

Liability Insurance

Policy Attached Carrier _____
Policy Effective Date _____ Length of Coverage _____ days Coverage Amount _____

The Permittee will assume all risk of and indemnify, defend and save harmless the State of Florida and the FDOT from and against any and all loss, damage, cost or expense arising in any manner on account of the exercise of this event.

The Permittee shall be responsible to maintain the portion of the state road it occupies for the duration of this event, free of litter and providing a safe environment to the public.

Signatures of Authorization

Production Company Representative _____	Signature _____	Date _____
Law Enforcement Name/Title _____	Signature _____	Date _____
Government Official Name/Title _____	Signature _____	Date _____

FDOT Special Conditions

FDOT Authorization

Name/Title _____	Signature _____	Date _____
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