

COUNTY OF SAN BERNARDINO - TRANSPORTATION DEPARTMENT  
ROAD PERMIT SECTION  
825 E. THIRD STREET  
SAN BERNARDINO, CA. 92415-0835  
(909) 387-8046

ACCOUNT NO.: \_\_\_\_\_

Fee: \_\_\_\_\_

**APPLICATION FOR FILMING PERMIT**

PLEASE PRINT

NAME OF PERMITTEE \_\_\_\_\_

DATE(S) OF ACTIVITY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ACTIVITY START TIME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ACTIVITY END TIME \_\_\_\_\_

( )

AUTHORIZED SIGNATURE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE AND TIME TO BE FAXED: \_\_\_\_\_

PLEASE INDICATE WHICH COUNTY ROAD(S) YOU WILL UTILIZE DURING THE EVENT (INCLUDE A MAP SHOWING YOUR LOCATION): \_\_\_\_\_

PLEASE INDICATE SPECIFIC ACTIVITIES TO BE PERFORMED: \_\_\_\_\_

Prior to issuance of permit, Certificate of Insurance must be faxed to the County Transportation Department, Permit Section, showing coverage of at least \$1,000,000 General Liability Insurance (the **ORIGINAL** must be mailed the next working day). The Certificate of Insurance must list the COUNTY OF SAN BERNARDINO TRANSPORTATION DEPARTMENT as additionally insured.

PERMITTEE AGREES TO INDEMNIFY THE COUNTY, ITS OFFICERS, AGENTS AND EMPLOYEES AGAINST AND HOLD THEM HARMLESS OF AND FROM ALL CLAIMS AND LIABILITIES OF ANY KIND ARISING OUT OF, IN CONNECTION WITH OR RESULTING FROM NEGLIGENCE ON PART OF PERMITTEE, ITS OFFICERS, AGENTS, CONTRACTORS AND EMPLOYEES IN CONNECTION WITH WORK UNDERTAKEN UNDER THIS PERMIT, AND DEFEND COUNTY AND ITS OFFICERS, COMMISSIONS, AGENTS AND EMPLOYEES FROM ANY SUITS OR ACTIONS AT LAW OR IN EQUITY FOR DAMAGES, AND PAY ALL COURT COSTS AND COUNSEL FEES.

WILL EVENT REQUIRE ANY OF THE FOLLOWING?

YES NO If yes, please list pyrotechnics, explosives, etc. (must be signed off below) \_\_\_\_\_

Officers needed as follows: \_\_\_\_\_

Traffic Control Devices needed per CHP recommendation: \_\_\_\_\_

**CALIFORNIA HIGHWAY PATROL APPROVAL**

OFFICE IN CHARGE OF FILMING ACTIVITY

AUTHORIZED SIGNATURE \_\_\_\_\_

( )

( )

PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

**AUTHORIZED FIRE AUTHORITY**

OFFICE IN CHARGE OF FILMING ACTIVITY

AUTHORIZED SIGNATURE \_\_\_\_\_

( )

( )

PHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_