



# Film Office

## Special Effects and Hazardous Conditions Worksheet

Permit # \_\_\_\_\_ Date \_\_\_\_\_

Special Effects Coordinator \_\_\_\_\_ License # \_\_\_\_\_

Company \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Location(s) \_\_\_\_\_

Assistants \_\_\_\_\_ License # \_\_\_\_\_

Assistants \_\_\_\_\_ License # \_\_\_\_\_

Activity/Special FX Materials (please note quantities to be used for each material listed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ Time(s): \_\_\_\_\_

**SFX Coord. Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Production Co. Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Fire Department – Curtis Markloff – 909-965-5803 ~ Sheriff's Department – Marlene – 909-387-3589\**

*\*Only contact the Sheriffs if County Fire has requested you to do so.*

Please **email** this form to [sbcountyfilm@outlook.com](mailto:sbcountyfilm@outlook.com). You must also **email** a copy of the front and back of the State Pyrotechnics license of all of the Pyrotechnicians who will be on location, in addition to the Special Effects Coordinator's license.

**This form and a copy of your State Pyrotechnics license(s) are required before a permit can be issued**

<b>For SBCFC Use Only</b>			
Fire Approval	(initial)	_____ Date _____	By _____
Sheriff Approval	(initial)	_____ Date _____	By _____