

COMMERCIAL FILMING & PHOTOGRAPHY

Permit Application

APPLICANT INFORMATION	V
Applicant: (Full, Legal Name of Production Company, Group or Individual)	
Production Name:	
Name of Person Completing Application: (if different than above)	
Address:	
City:	State: ZIP:
Phone:	Fax:
Local Contact Number: (if applicable)	Fax:
E-Mail Address:	
	ON CONTACT INFORMATION
PRIMARY CONTACT	SECONDARY CONTACT (if applicable)
Name:	Name:
Office:	Office:
Fax:	Fax:
Mobile:	Mobile:
For all a	Finally

PRODUCTION DETAILS

Date(s) of Production:	
Production Category: (Select ONE of the following that best describes this parts)	roduction.)
 □ Feature Film (Theatrical Release) □ Television Film or Mini-Series □ Television Pilot □ Television Series □ Other: 	 Promotional Film/Video Television Advertisement Non-Profit/Student Production Still Photo Shoot for Publication Still Photo Shoot for Resale (stock images, gallery art, etc.)
Production script or description received? If not attached, please provide date of avail	
Projected Duration of Production: (including setup and strike – in hours)	
Projected Number of Total Cast/Crew on Airport Premises for Production:	

PRODUCTION LOCATION DETAILS

All filming locations should be scouted under the supervision of a Wayne County Airport Authority (WCAA) representative *in advance* of application. Filming activities that interfere with any ongoing airport operations will not be approved. Contact your WCAA liaison for assistance identifying desired production locations below. A detailed description of space requirements for each location must be noted below. List locations where actual production is expected to occur. Do not include additional facilities for parking, craft services, staging, etc.

DATE	LOCATION (NOTE ANY SPECIAL UTILITY NEEDS)	TIME OF DAY REQUESTED (INCLUDING SETUP AND STRIKE)	STERILE AREA/AOA (CHECK ONE)
			□ YES □ NO
			□ YES □ NO
			□ YES □ NO
			□ YES □ NO
			□ YES □ NO
			□ YES □ NO
			□ YES □ NO

(Attach Additional Sheets if Necessary)

SPECIAL FACILITY REQUEST DETAILS

Use of special facilities, such as parking and equipment storage facilities, are subject to availability and should be identified under the supervision of a WCAA representative *in advance* of application. Contact your WCAA liaison for assistance identifying desired special facility requests locations below. *NOTE:* Facilities requested in this section will not be approved for filming unless also noted in the "PRODUCTION LOCATION DETAILS" section above. Additional charges for special facility use may apply.

DATE	FACILITY/LOCATION (NOTE ANY SPECIAL UTILITY NEEDS)	TIME OF DAY REQUESTED (INCLUDING SETUP AND STRIKE)	STERILE AREA/AOA (CHECK ONE)
			□ YES □ NO
			□ YES □ NO
			□ YES □ NO
			□ YES □ NO
			□ YES □ NO
			□ YES □ NO
			□ YES □ NO
			□ YES □ NO

(Attach Additional Sheets if Necessary)

VEHICLE/PARKING DETAILS Will you be parking in any public parking facilities? NO YES, # of vehicles: Will you be loading/unloading at any terminal curb? □ NO □ YES, Number of Vehicles Loading/Unloading at Curb: Estimated Duration of Loading/Unloading (hours/min): _____/ _____ Number of personal vehicles expected to park in special parking facility (if requested): Number of commercial vehicles expected to park in special parking facility (if requested): **NOTE:** Unattended vehicles at any terminal curb may be ticketed and/or towed. TERMS OF AUTHORIZATION By execution of this Application, the undersigned agrees to comply with the approved and issued WCAA Commercial Film and Photography Permit, Procedures and payment of all applicable fees. Applicant further agrees that failure to comply with the terms and conditions therein may result in remedies not limited to the forfeiture of this Application and revocation of any permits issued thereto. Signature of Applicant: Date:

Please send completed and signed application, along with a signed copy of the General Terms & Conditions, required proof of insurance and any additional documents to support this application, **no later than ten (10) business days prior to production** to:

Communications and External Affairs Department Wayne County Airport Authority Detroit Metropolitan Airport 11050 Rogell Dr. #602 Detroit, Michigan 48242-1004

FAX: (734) 942-0563

If this application is approved, Applicant will be advised of any and all related fees, which shall be due and made payable by Permitee to WCAA. WCAA shall invoice Permitee for all fees, which shall be payable at least one (1) business day prior to filming. Any additional fees incurred during the filming process shall be payable by Permitee within ten (10) days of receipt of invoice.

This Commercial Filming and Photography Permit Application has been reviewed by the following:				
☐ Airfield Operations ☐ Airport Security ☐ Concessions ☐ Design/Construction				
☐ External Affairs ☐ Facilities/Accessibility ☐ Fire Marshall ☐ Landside ☐ Legal				
☐ Maintenance ☐ Planning ☐ Police ☐ Real Estate ☐ Risk Management				
☐ Special Services ☐ Terminal Operations				
☐ OTHER(S):				
For WCAA Use Only:				
Location Fee Paid?: *If location fees waived, explain why (tenant-sponsored project, etc.).				
Amount Paid:				
Additional Fees (if applicable): Amount Paid:				
Date Paid:				
Escort Responsibility:				