



The Maine Film Office Media Production Registration Form



APPLICATION NO:

DATE:

COMPANY INFORMATION

PRODUCTION COMPANY:

CONTACT NAME/TITLE:

STREET ADDRESS:

CITY:

STATE / PROVINCE:

ZIP /POSTAL CODE:

COUNTRY:

PHONE:

FAX:

EMAIL:

LOCAL ADDRESS AND PHONE (IF DIFFERENT FROM ABOVE):

LOCAL HOTEL (IF APPLICABLE):

DURATION OF STAY:

Check Production Type

Feature

TV / Cable movie

TV / Cable series / mini

TV / Cable pilot

TV / Cable episodic

Music Video

Photographic Shoot

Documentary

Commercial

Industrial

Other

PRODUCTION INFORMATION

1. PRODUCTION TITLE:

2. DATE (S) OF PRODUCTION:

3. PLEASE ATTACH LOCATIONS LIST TO THIS FORM:

4. PRODUCER:

5. DIRECTOR:

6. PRODUCTION MANAGER:

7. PRODUCTION COORDINATOR:

8. LOCATION MANAGER:

9. LIST USE OF FIREARMS, SPECIAL EFFECTS, STUNTS:

10. LIST USE OF PYROTECHNICS:

11. LIST NUMBER AND SIZE OF TRUCKS:

12. LIST OTHER PRODUCTION VEHICLES:

INSURANCE REQUIREMENTS

REGISTRATION IS NOT COMPLETE WITHOUT A COPY OF PRODUCTION COMPANY'S INSURANCE CERTIFICATE NAMING THE STATE OF MAINE, C / O THE MAINE FILM OFFICE, AS ADDITIONALLY OR CO-INSURED. **CERTIFICATE MUST BE ON FILE BEFORE FILMING BEGINS.**

SIGNATURES

THE SIGNED REPRESENTATIVE AGREES THAT THE PRODUCTION COMPANY WILL COMPLY WITH ALL PROVISIONS OF THE LAWS, RULES AND REGULATIONS OF THE STATE OF MAINE AND AGREES THAT ALL INFORMATION IN THIS REGISTRATION DOCUMENT IS ACCURATE AND VALID.

SIGNATURE OF PRODUCTION COMPANY REPRESENTATIVE

DATE

TITLE OF REPRESENTATIVE

FOR MAINE FILM OFFICE USE ONLY

LEA GIRARDIN, DIRECTOR, THE MAINE FILM OFFICE

DATE

OR

GREG GADBERRY, ASSISTANT DIRECTOR, THE MAINE FILM OFFICE