



**NYC
Ferry**

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**FILM AND PHOTOGRAPH
APPLICATION**
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FILM PERMIT

NYC Ferry operated by Hornblower ensures film and photography shoots to be arranged in advance with the Marketing department. Please see the below step-by-step guide for completing the attached PDF version. The application can be saved on your computer and emailed to media@ferry.nyc

FOR STUDENTS ONLY: Please be advised that should you wish to film and capture NYC Ferry, please indicate your application is for research project.

GENERAL INFORMATION

Date:	Applicant/Agent:
Company:	Address:
Address:	City:
City:	State:
State:	Zip Code:
Zip Code:	Cell Phone:
Phone:	Photographer:
Fax:	Director:
Producer:	
Insurance Company:	

SITE INFORMATION

Filming:	Date/Prep Start:	Strike/End Down:
Number of Crew Members:		

SHOOTING SCHEDULE BY LOCATION

Date	Location	Start Time	End Time

SET DRESSING OR OTHER STRUCTURES PROPOSED:

PROJECT DETAILS

Project: _____ Client: _____

TYPE OF PROJECT

<input type="checkbox"/> Images, Editorial	<input type="checkbox"/> Images, Advertising	<input type="checkbox"/> Images Other
<input type="checkbox"/> Feature Film	<input type="checkbox"/> TV Movie	<input type="checkbox"/> TV Series/Plot
<input type="checkbox"/> Travelogue	<input type="checkbox"/> Commercial	<input type="checkbox"/> Music Video
<input type="checkbox"/> Public Service Announcement	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other, Explain Below
<input type="checkbox"/> Stock Video/Photo	<input type="checkbox"/> Documentary	<input type="checkbox"/> Informercial

SOUND: No Yes, explain _____

Summary of scene(s) and imagery being captured: (Provide script/storyboards)

OPERATIONAL INFORMATION

Number of Attendees & Vehicles:	Personal Cars:
Total Cast & Crew:	Other Trucks:
Trucks:	Camera Car:
Vans:	Motor Homes:
Cars:	Other Vehicles, explain:
Dressing Rooms:	Catering Requirements:
Base Camp Location:	

SPECIAL ACTIVITIES

Children: None Yes Number of Children: _____ Age Range: _____

Animals: None Yes Trainer Name: _____ Phone: _____

Aircraft: No Yes, explain _____

Special Effects (identify): _____

Special Effects Technician Name: _____ Phone: _____

Licence Number (if applicable): _____

ELECTRICAL NEEDS

Lighting: None Reflectors Only

Yes, explain _____

<input type="checkbox"/> Running Shots	<input type="checkbox"/> Driving Shots	<input type="checkbox"/> Drive-Bys
<input type="checkbox"/> Tow Shots	<input type="checkbox"/> Drive-Ups and Away	<input type="checkbox"/> Wet Down Road
<input type="checkbox"/> Camera/Equip. on road shoulder	<input type="checkbox"/> Camera Equipment on Median	<input type="checkbox"/> Lower Deck Shots
<input type="checkbox"/> Stern of Boat Shots	<input type="checkbox"/> Upper Deck Shots	<input type="checkbox"/> Other, Explain Below

To request set construction, off-road activity, please see attached detailed information including A proposed site plan.

Stunts (explain): _____

Coordinator Name: _____ Phone: _____

Any Other Unusual or Hazardous Activities (explain): _____

Attach pages to provide additional information for permit consideration.

Person on-site responsible for company's adherence to all terms & conditions of Film Permit:

Name: _____ Title: _____ Cell: _____

Person on-site responsible for coordinating activities with NYC Ferry:

Name: _____ Title: _____ Cell: _____

Person at the company office to contact for follow-up information and billing:

Name: _____ Title: _____ Cell: _____

AIR SPACE

Any aerial filming and photography requires authorization from NYC Ferry and The Port Authority .

All aircraft filming must abide by all FAA Rules and Regulations.

I hereby state that I have read and understand the NYC Ferry Commercial Filming and Photography Policy, that the above information given is complete and correct, and that no false or mis-leading information statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/ production company and the project described above.

Signature: _____

Title: _____

Company Name: _____

Date: _____

