	angero	us Filming	& SPFX App	lication	
Hamilton Film Office			Hamilton Police Service		
Email: film@hamilton.ca			Email: paidduties@hamiltonpolice.on.ca		
Phone: 905-546-4233			Phone: 905-546-4	366	
Date of Application:					
				ness days in advance of	
		uty Officers must	t be submitted at le	ast 5 business days in	
advance of film	ing.				
PRODUCTION INFORMATION					
1 KODOCITON	IN OKHAI	1014			
Applicant's Fir	st & Last Nar	me:			
Applicant's Phone Number:					
Applicant's Em	nail Address:				
Production Co	mpany:				
Project Title:	•				
Production Off	ice Phone Nu	ımber:			
Prep Dates	From	Time	То	Time	
Filming	From	Time	То	Time	
Dates					
Wrap Dates	From	Time	То	Time	
L					
OVERVIEW O	F SPFX				
SPEX Location	(full address	s w/ postal code			
- one per app	•	o wy postar coac			
Date of SPFX:					
Time of SPFX:					
FX Location Representative:					
On-site Contact Phone Number:					
FX Supervisor					
FX Supervisor Phone Number:					
Pyrotechnician Certificate #					
Class:					
Cluss.					
Provide a desc	cription of the	e scene:			
Trovide a desc	inperon or en	e decire!			
Which special effects will be used:			□SPFX		
			□Explosives		
			□Fire		
			□Smoke		
			□SPFX Gunfire		

	□Blanks			
	□Squibs			
	□Other (specify):			
Will Squibs be used with anything else (i.e. black powder)? □Yes □No				
If NO above was selected, please complete the SQUIBS ONLY section of the form and submit by email to:				
 HPS Paid Duty Office/Explosive Disposal Unit: paidduties@hamiltonpolice.on.ca City of Hamilton Film Office: film@hamilton.ca 				
If YES above was selected, please respond and provide additional information using the most relevant sections in the remainder of this form.				
Detonating (Det) Cord Inclusions? □Yes □No				
SQUIBS ONLY – please complete the section below if using squibs only:				
Projected initiation times:				
Planned number of resets:				
Form Completed By (Pyrotechnician				
Name):				
On Behalf Of (Production Company				
Name):				
PYROTECHNICS				
Projected initiation times:				
Planned number of resets:				
Materials to be used, including quantities:				
IMPORTANT: A site plan, certificate of insurance and location agreement must be submitted along with this application. Your site plan must detail the description of the effect including safe distances between personnel, objects and the effect. Using an HB pencil and pressing firmly rather than using a pen when creating your drawing may ensure that the copy is legible and will expedite your request. If your drawing is illegible it will be returned without approvals for resubmission.				
Select YES to confirm that the completed site plan, certificate of insurance and location agreement will be submitted along with this application: \Box Yes \Box No				
FIREARMS AND BLANK GUNFIRE				
Gun Handler/FX Supervisor Name:				
Gun Handler/FX Supervisor Phone Number:				
PAL for Handler on set:				
	1			

Firearms Business License:				
Projected initiation times:				
Planned number of Rounds:				
What is being fired at?	□Vehicle			
	□Prop			
	□Person			
	□Other (specify):			
Will an air capsule gun be used? (e.g.	□Yes			
Sweeney gun)	□No			
, ,				
Air capsule gun rounds containing				
(describe):				
Types of firearms on set, including				
quantities:				
Safety Measures – Describe the place and method of firearms storage on site.				
Note that prop replica firearms MUST be secured in the same way as actual firearms.				

IMPORTANT: The Hamilton Police Service Paid Duty Office must be notified about any film activity involving firearms and blank gunfire. Supervision by a Paid Duty Officer may be required.

• Paid Duty Contract: https://hamiltonpolice.on.ca/how-to/book-paid-duty-officer

• Phone: 905-546-4366

• Email: paidduties@hamiltonpolice.on.ca

Has the Paid Duty Office been notified and requested? □Yes □No

IMPORTANT: A copy of the Firearms Business Licence must be scanned and submitted with this Application if not already on file with the Hamilton Police Service.

Select YES to confirm that a copy of the Firearms Business License will be submitted along with this application: \Box Yes \Box No

IMPORTANT: A copy of the "on-set" Firearms Handlers PAL must be scanned and submitted with this application.

Select YES to confirm that a copy of the "on-set" Firearms Handlers PAL will be submitted along with this application: \Box Yes \Box No

Submit the completed form and all required attachments by email to BOTH the Hamilton Film Office and Hamilton Police Services at least 10 business days in advance of filming.			
Hamilton Film Office	HPS Paid Duty/Explosive Disposal Unit		
Email: film@hamilton.ca	Email: paidduties@hamiltonpolice.on.ca		
Phone: 905-546-4233	Phone: 905-546-4366		