FIREARMS AND BLANK GUNFIRE



DATE OF APPLICATION:			
APPLICANT – PRODUCTION INFORMATIO	N		
First & Last Name:		Production Office Phone Number:	
Project Title:		Production Company	
Location of SPFX:	Da	ate of SPFX:	Time of SPFX:
FX Location Representative:	•	On-site Contact Ph	one Number
Gun Handler/FX Supervisor: Phone: PAL for Handler on set: Firearms Business License (if not already on file with HPS)			
Has the Paid Duty Office been notified ar		YES	NO
Phone: 905-546-4366 Email: paidduties@hamiltonpolice.on.ca Paid Duty Contract: https://www.hamilton.ca/hamilton-music-film-office/filming-in-hamilton/request-paid-duty-officers FIREARMS & BLANK GUNFIRE — LETTER OF INTENT			
Film Location:			
Synopsis:			
Date(s) of Filming:			
Projected set-up date			
Projects initiation times			Number of Rounds
What is being fired at? □ Vehicle □ Pr	op 🗆 Person	□ Other:	

DEMONSTRATION OF THE EFFECT

Types of Firearms (and number of) on set:				
Will an air capsule gun be used (e.g. Sweeney gun) □ Yes □ No				
Air capsule gun rounds containing:				
Safety Measures				
Please state place and method of firearms storage on site:				
Prop replica firearms MUST be secured in the same way as actual firearms				
A copy of the Firearms Business Licence must be scanned and submitted with this Application if not already on file wit the Hamilton Police Service				
A copy of the "on-set" Firearms Handlers PAL must be scanned and submitted with this application.				
Form Completed By:				
Gun Handler				
On Behalf Of				
Production Company				
This form is to be submitted to the City of Hamilton Film Office and Hamilton Police Services Explosive Disposal Unit				
HPS Explosive Disposal Unit Email: edu@hamiltonpolice.on.ca Phone: 905-546-4749				
City of Hamilton Film Office Email: film@hamilton.ca Phone: 905-546-4233				
INTERNAL OFFICE USE ONLY:				
EDU Explosive Team Member: Approved:				
Conditions:				