



State of Hawaii - Department of Business, Economic Development & Tourism  
 Hawaii Film Office - 250 South Hotel Street, Honolulu, Hawaii 96813  
 Mailing Address: P.O. Box 2359, Honolulu, Hawaii, 96804-2359  
 Telephone: (808) 586-2570; Fax: (808) 586-2572

**FROM:** Hawaii Film Office **TO:** \_\_\_\_\_

**FILM PERMIT APPLICATION: General Information Section**

1. **APPLICANT** (Company Name): \_\_\_\_\_
2. **PROJECT NAME:** \_\_\_\_\_
3. **ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_
4. **PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_
5. **ON-SITE CONTACT** (Name & Phone #): \_\_\_\_\_
6. **HAWAII ADDRESS** (If different from above): \_\_\_\_\_  
\_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **Pgr. / Cel. #:** \_\_\_\_\_

**STATISTICAL INFORMATION**

PROJECT TYPE:  TV Commercial  Feature Film  Print Ad. / Stock / Calendar / Mag.  
 Music Video  TV Episode / Special / MOW  Documentary / Educational / News  
 Travelog / Industrial / Video stock / Tour video  Hawaii-based Network TV series  
 Sports / Exercise  Miscellaneous  Multi Media CD ROM

FORMAT:  Still  16mm; 35mm; 70mm movie film  Video

Budget: \$ \_\_\_\_\_ Hawaii Expenditure: \$ \_\_\_\_\_ # Local Employees: \_\_\_\_\_ # HI Shoot Days: \_\_\_\_\_

7. **FILM LOCATION REQUESTED, DATES AND TIMES** (To make processing easier and faster, please attach a map of the exact location requested, or street address, Tax Map Key number, or describe in as much detail as possible. If necessary, attach a separate sheet with additional location information.):

- a) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)
- b) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)
- c) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)
- d) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)
- e) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)

**Continued on "FILM PERMIT APPLICATION: Specific Information Section"**

**FIPAC #** \_\_\_\_\_



State of Hawaii - Department of Business, Economic Development & Tourism  
 Hawaii Film Office - 250 South Hotel Street, Honolulu, Hawaii 96813  
 Mailing Address: P.O. Box 2359, Honolulu, Hawaii, 96804-2359  
 Telephone: (808) 586-2570; Fax: (808) 586-2572

**FILM PERMIT APPLICATION: General Information Section**

**7. FILM LOCATION REQUESTED, DATES AND TIMES (Continued)**

**APPLICANT** (Company Name): \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**FILM LOCATION REQUESTED, DATES AND TIMES** (To make processing easier and faster, please attach a map of the exact location requested, or street address, Tax Map Key number, or describe in as much detail as possible. If necessary, attach a separate sheet with additional location information.):

f) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)

g) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)

h) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)

i) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)

j) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)

k) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)

l) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)

m) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)

n) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)

o) \_\_\_\_\_  
 (Name of Location) (Island) (Dates and Time)

**Continued on "FILM PERMIT APPLICATION: Specific Information Section"**

Revised on 3/17/00

**FIPAC #**



**FILM PERMIT APPLICATION: Specific Information Section**

(Complete this section for **EACH** location requested.)

**Applicant:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_

(Name of Location)

(Island)

(Dates and Time)

**8. DESCRIBE ACTIVITY YOU WILL BE FILMING / TAPING AT THE LOCATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. TOTAL NUMBER OF PEOPLE (CAST AND CREW) ON LOCATION?** \_\_\_\_\_

**10. DESCRIBE ALL EQUIPMENT AND VEHICLES ON LOCATION (Indicate Parking Plans):**

a. Equipment: \_\_\_\_\_

b. Vehicles: \_\_\_\_\_

c. Parking Plans: \_\_\_\_\_

**11. DESCRIBE ANY USE OF BOATS / THRILL CRAFTS / PLANES / HELICOPTERS / RECREATIONAL VEHICLES / PYROTECHNICS / SPECIAL EFFECTS / ANIMALS AND / OR ANY OTHER PROPS (Attach a separate sheet if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant / Authorized Signature

\_\_\_\_\_  
Date

**Both production company and its Hawaii representative or agent are responsible for the locations and activities listed herein.**

**FOR USE BY HAWAII FILM OFFICE AND / OR GOVERNMENT AGENCIES**

SUBMITTED BY: \_\_\_\_\_ SENT TO: \_\_\_\_\_  
Hawaii Film Office Staff Signature Agency Date

APPROVED / DENIED BY: \_\_\_\_\_  
Signature Agency Date

Approved Subject to: Special / Standard Conditions General Conditions Additional Conditions  
Obtaining approval from County Gov't. / Federal Gov't. / Private Land Owner

INSURANCE: Required Not Required Attached On File with the Film Office

FAXED / SENT TO: Applicant DAGS DLNR (DOBOR / DOCARE / DOFAW / LM / NARS /Parks)  
DOT (Air. / Har. / Hwys.) DBEDT (HCDA) Judiciary UH (IfA) Other: \_\_\_\_\_

COMMENTS / ADD'L CONDITIONS / NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fees \$ \_\_\_\_\_ Make payable to **STATE OF HAWAII** FIPAC # \_\_\_\_\_