

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**PERMIT FOR FILMING ON A STATE ROAD**

Date: \_\_\_\_\_

Permit No. \_\_\_\_\_

**Production Company**

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_

**Production**

Title & Type \_\_\_\_\_  
Description of Scenes \_\_\_\_\_  
Location or Route (attach map) \_\_\_\_\_  
Requesting Lane Closures  yes  no (if yes, attach maintenance of traffic plan)  
Number of Cast/Crew \_\_\_\_\_ Number of & Type of Equipment \_\_\_\_\_  
Begin Date \_\_\_\_\_ Time \_\_\_\_\_ End Date \_\_\_\_\_ Time \_\_\_\_\_

**Law Enforcement Agency Responsible for Traffic Control**

Name of Agency \_\_\_\_\_

**US Coast Guard Approval for Controlling Movable Bridge**

Not Applicable   
Copy of USCG Approval Letter Attached   
Bridge Location \_\_\_\_\_

**Pyrotechnics**

Will Use:  yes  no (if yes, attach local government permit if required)  
Permit Required  Not Applicable

**Low Flying Aircraft**

Will Use:  yes  no (if yes, attach written authorization from Federal Aviation Administration)

**Overhead Utilities**

List of Utilities That Will Be Affected \_\_\_\_\_  
Utility Approval Attached  Not Applicable

**Liability Insurance**

Policy Attached  Carrier \_\_\_\_\_  
Policy Effective Date \_\_\_\_\_ Length of Coverage \_\_\_\_\_ days Coverage Amount \_\_\_\_\_

The Permittee will assume all risk of and indemnify, defend and save harmless the State of Florida and the FDOT from and against any and all loss, damage, cost or expense arising in any manner on account of the exercise of this event.

The Permittee shall be responsible to maintain the portion of the state road it occupies for the duration of this event, free of litter and providing a safe environment to the public.

**Signatures of Authorization**

Production Company Representative _____	Signature _____	Date _____
Law Enforcement Name/Title _____	Signature _____	Date _____
Government Official Name/Title _____	Signature _____	Date _____

**FDOT Special Conditions**


**FDOT Authorization**

Name/Title _____	Signature _____	Date _____
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