

Falls Creek Resort Management
Commercial Filming Application Form

To Conduct Specified Commercial Filming in Falls Creek Alpine Resort

Crown Land (Reserves) Act 198 Section 17b
And Alpine Resorts (Management) Act 1997 Section 39
Filming Approval Act 2014

Please complete this form and return to the FCRM Office (PO Box 50, Falls Creek, 3699, by fax on 03 5758 1200).

Applicant Details

Company Name _____
Name: _____
Position/Title: _____
Address _____

Mobile: _____
Email: _____

Onsite Contact on Day of Filming

Name: _____
Position/Title _____
: _____
Mobile: _____
Email: _____

Billing Information (if required)

Billing Contact _____
Billing Address _____
ABN _____
Phone _____

Email _____

Production Information

Project Name _____

Production Type

Feature Film

TV or One-off Series

Short Film

Student Film

TVC

Other (please specify) _____

Proposed Dates

Date in: _____

Date out: _____

Filming Times: _____

Exact Location of Filming

Brief Summary of Synopsis of the Scene Activity

Number of People on Location

Staff: _____

Crew: _____

Vehicles

Number of Vehicles used: _____

Trucks over 4.5 tonnes: _____

Will the Production Need a Unit Base?

YES NO

If Yes, location of Unit Base

Will the filming require any temporary structures?

YES NO

If Yes, location of temporary structures

Will the filming require any traffic or pedestrian management?

YES NO

If Yes:

Type of management required: _____

Company providing management: _____

Date of requirement management: _____

Time/s of required management: _____

Public Amenity

Will the filming involve any of the following:

Firearms/weapons

Stunts

Create an environmental impact

Any other offence to the public

Amplified music or sound

Any other safety issues

Details of Public Amenity activity:

Will the Filming identify Falls Creek through branding or identifiable locations?

YES NO

If Yes, please provide details:

PLEASE ATTACH THE FOLLOWING INFORMATION TO YOUR APPLICATION

Proof of Public Liability Insurance (\$20M)

Traffic Management Plan (if required)

Site Map

Running Sheet

Stakeholder Communication Plan (if required)

Risk Management Plan

Other permits/approvals if required

Victorian Screen Industry Code of Conduct (optional)

Signed Falls Creek Alpine Resort Short Term Authority

DECLARATION

I hereby declare the above information is an accurate representation. If any of the information provided, or any other relevant information that will affect the filming or impact in anyway the Falls Creek Alpine Resort, I will declare it to Falls Creek Resort Management in a timely manner prior to the dates specified for filming.

Signature of Applicant: _____

Name of Applicant: _____

Date: _____