



STATE HIGHWAY FILM PERMIT APPLICATION

PLEASE PROVIDE AT LEAST TEN BUSINESS DAYS TO PROCESS APPLICATION- THERE IS NO FEE TO SUBMIT THIS APPLICATION.

ADOT may require increased safety requirements and/or insurance depending upon the filming activity requested. Applicant must contact the local jurisdiction where they will be filming (city, county, tribal authority, federal agency or state agency) if filming activity is requested for roadways and properties not controlled by ADOT. It is the applicant's/permittee's responsibility to contact the local jurisdictions and to contact and pay for any traffic control, insurance and law enforcement required for filming.

Please complete the information below and sign the application. You may submit this application electronically to statewidepermits@azdot.gov. Please include required insurance with separate endorsements and traffic control plan. For instructions/examples of required documents please visit: <https://www.azdot.gov/business/Permits/film-permits>. Please call us if you have questions not covered on our website: 602-712-4142. We're here to help.

****ALL FIELDS ON THIS APPLICATION MUST BE FILLED IN. PLEASE ENTER "NA" IF THE FIELD IS NON-APPLICABLE TO YOUR REQUESTED FILMING ACTIVITY****

Date _____ Company _____

Permit Applicant _____ Phone _____

Address _____ Fax _____

_____ Email _____

Representative/responsible person while on location in Arizona:

Name _____ Title _____

Phone _____ Fax _____ Email _____

Please provide the location and detailed description of the filming activity to take place*:

Highway _____ Milepost _____ to _____ **MULTIPLE LOCATIONS** check here:

Start Date _____ End Date _____ Hours _____ to _____ **MULTIPLE DATES** check here:

*IF YOU ARE REQUESTING MULTIPLE LOCATIONS AND/OR MULTIPLE DATES: PLEASE ENTER "MULTIPLE" FOR LOCATION AND CHECK THE BOX ABOVE THAT SAYS **MULTIPLE LOCATIONS**. MULTIPLE DATES?: ENTER THE FIRST DATE OF FILMING IN **START DATE** AND CHECK THE **MULTIPLE DATES** BOX ABOVE. **BOTH?** CHECK BOTH BOXES AND ENTER INFORMATION AS STATED ABOVE. In the next section, there is an area where you can enter your additional locations and dates.

DESCRIPTION OF FILMING ACTIVITY. Please Enter Details of Your Plan Below. If not enough space- attach details and state- "Details Attached"

Certificate of Insurance & Endorsements Attached? Traffic Control Plan Attached? Additional Details Attached?

Add Additional Dates and/or Locations Here:

of Crew: # of Talent: Total # of Essential Vehicles: Staged Onsite or Remotely?:

Which Vehicles Will Be Used in Filming?

Weapons or Explosives Used? Intermittent traffic control, full closure or rolling block?:

THE PERMITEE AGREES TO: Assume all legal liability and financial responsibility for the filming activity, including indemnify, defend, and hold ADOT and the State of Arizona and any of it's agents,directors, officers, and employees harmless from and against any and all claims, actions, losses, liabilities, cost, damages or expenses, including court costs, reasonable attorney's fees, and cost of claim processing and investigation, arising out of bodily injury or death of any person, or tangible or intangible property damage, caused or alleged to be caused, in whole or in part, by the negligence or willful acts, or omissions of the permitted, any of it's directors, officers, agent, employees, or volunteers, or it's contractor or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Worker's Compensation Law or arising out of the contractor's failure to conform to any federal, state, or local law, statute, ordinance, rule, regulation or court decree. The permittee is not responsible for claims arising solely from ADOT's negligence or willful acts or omissions.
THE PERMIT/ PERMIT APPLICATION IS SUBJECT TO REVIEW BY THE ARIZONA DEPARTMENT OF ADMINISTRATION, RISK MANAGEMENT DIVISION

By signing this application, the signer acknowledges that the information given and statements made in this application are true and correct to the best of his/her knowledge and agrees to accept the following general insurance requirements as described on page two of this application. By accepting an approved permit, the Permittee agrees to the requirements described in the permit, to be responsible for all permit requirements, and to comply with ADOT's requirements as defined in the permit.

Signature of Responsible Party _____ Title _____

Signature of Applicant _____ Title _____

ONCE THE TERMS OF THE PERMIT HAVE BEEN ESTABLISHED BY ADOT: THE APPLICANT WILL BE SENT THE TERMS. AN AUTHORIZED REPRESENTATIVE OF THE FILM ACTIVITY MUST ACCEPT THE TERMS BY SIGNING THE TERMS OF ACCEPTANCE DOCUMENT AND RETURN THE SIGNED DOCUMENT TO ADOT FOR FINAL PERMIT APPROVAL. THE APPLICANT WILL THEN RECEIVE THE PERMIT AND MAY COMMENCE IN FILMING.