



Film Application

Production Company Name: _____
Address: _____

Phone: _____
Fax: _____

Primary Contact (Please print): _____ **Title:** _____
Email: _____
Phone: _____

Secondary Contact (Please print): _____ **Title:** _____
Email: _____
Phone: _____

Production Title: _____
Date(s) of Shoot:

From	To
_____	_____

Time of Shoot:

From	To
_____	_____

Estimated Duration (hours): _____

Scope of Production (attach additional sheet of paper if necessary):

Requested Location(s) of Shoot/Activity (check all that apply):

- | | | |
|--------------------------------|----------------------------|--------------|
| Non-Restricted Interior | Restricted Interior | Other |
| Non-Restricted Exterior | Restricted Exterior | |

Estimated Number of Cast/Crew: _____

Estimated Space or Meeting Room Requirements:

Electrical Needs:

PARKING

Do you require curbside parking?	Yes	No
Do you require airside parking?	Yes	No
Do you require a vehicle staging area?	Yes	No

Number of vehicles: _____ Number of trailers: _____
Estimated duration (hours): _____

Vehicle Make	Vehicle Model	Vehicle Height
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**Applicant shall mail or
email application to:**

**Greater Asheville Regional
Airport Authority
Attn. Marketing
61 Terminal
Drive, Suite 1
Fletcher, NC 28732**

**828-654-3238 Phone
pr@flyavl.com email**

I have read and understand the Greater Asheville Regional Airport Authority Filming Policy. I understand the conditions governing the activities described therein. In order to receive this permit, I have submitted this application in addition to a written statement explaining the film requirements in detail. I understand that failure to comply may result in the revocation of the film permit.

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____