



SPFX COVER SHEET

Must be attached to one of the following Letters of Intent:
Pyrotechnics / Firearms & Gunfire / Squibs

Date: _____

Pyrotechnics: Email to FIRE, TFTDMO and Fax to CBRNE

Squibs ONLY, or Firearms & Gunfire: Email to TFTDMO
Fax to: CBRNE **ONLY**

APPLICANT – PRODUCTION INFORMATION

First and Last Name:		Telephone Number:	
Cell Number:		Fax Number:	
Project Title:			
Location of SPFX:		Date of SPFX:	Time of SPFX:

TORONTO FIRE SERVICES

Email or FAX: 416-338-9060

Jim Jessop jim.jessop@toronto.ca Approved / Denied per _____	Heather Smith heather.smith@toronto.ca Approved / Denied per _____	
Conditions:		

CBRNE – CHEMICAL BIOLOGICAL RADIOLOGICAL NUCLEAR & EXPLOSIVES FAX: 416-808-4901

Public Safety Unit CBRNE Tel: 416-808-4900	Approved Denied By: P.C. Sgt. S/Sgt. _____ Badge #: _____
Conditions:	
Has Central Paid Duty Office been notified? Yes No Tel: 416-808-7880 / Fax: 416-808-5042	

TORONTO FILM, TELEVISION & DIGITAL MEDIA OFFICE

FAX: 416-392-0675

Select the Film Coordinator working on the project:

Ariana.Foyle@toronto.ca 416-392-1314	Anna.Marcopolous@toronto.ca 416-392-1315	Bobby.Donches@toronto.ca 416-338-5239
Brendan.Boyle@toronto.ca 416-338-5924	Kate.Allen@toronto.ca 416-338-5072	Keira.Fine@toronto.ca 416-392-1312
Pamela.Akasaka@toronto.ca 416-392-1331	Margaret.Boland@toronto.ca 416-392-0612	



SPFX Firearms and Blank Gunfire

This form must be filled out by the gun handler when **firearms** and **blank gunfire** is used on film sets in the City of Toronto. Fax to: **CBRNE** and **TFTDMO ONLY**

FAX: TFTDMO: 416-392-0675
CBRNE: 416-808-4902
Public Safety Unit – CBRNE (Chemical, Biological, Radiological, Nuclear & Explosives)

Date of Application: _____

Production Information

Project title:	
Production Company:	Production Office phone number:
FX Location Rep:	On-site contact phone number:
FX Supervisor: _____ Phone: _____	
PAL (Possession Acquisition Licence) #: _____	
Note: A Special Authority to Possess Licence must be in effect (attachment to business licence) for motion picture, theatrical production when handling replica guns with actors, stunt people or designated wardrobe person(s).	
Will any scene(s) filmed involve use of replica guns with actors, stunt people or designated wardrobe person(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your Special Authority to Possess Licence in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Firearms and Blank Gunfire

Film Location:	
Synopsis	_____

Date(s) of filming:	_____
Projected set-up date	_____
Projected initiation times	Number of Rounds: _____
What is being fired at? <input type="checkbox"/> Vehicle <input type="checkbox"/> Prop <input type="checkbox"/> Person <input type="checkbox"/> Other: _____	

SPFX Firearms and Blank Gunfire

Demonstration of the Effect

Will an air capsule gun be used (e.g. Sweeney gun):

Yes No

Air capsule gun rounds containing: _____

The decision on the need for CBRNE supervision when an air capsule gun is used will be determined on a case-by-case basis by the Public Safety Unit - CBRNE.

Safety measures

Please state place and method of firearms storage on site:

Prop replica firearms **MUST** be secured in the same way as actual firearms.

Please note: A site plan MAY be requested by the CBRNE

Your site plan must be submitted with your application detailing the description of the effect; including safe distances between all personnel, objects and the effect. Symbols must be used to identify street furniture, trees, buildings, etc. **If your drawing is illegible it will be returned without approvals for resubmission.**

Letter of Intent / Site Plan attached?

Yes No

Form completed by: _____
Gun Handler

on behalf of _____
Production Company