



SPFX APPLICATION - FIREARMS & GUNFIRE

Date of Application: _____

This form must be filled out by the Gun Handler when firearms and blank gunfire are used on film sets in the City of Toronto. Firearms and Gunfire ONLY send SPFX APPLICATION to TORONTO FILM, TELEVISION & DIGITAL MEDIA OFFICE and THE EXPLOSIVES DISPOSAL UNIT.

APPLICANT – PRODUCTION INFORMATION	
Applicant Name:	Telephone:
Production Company:	Production Office Telephone: Fax:
Production Title:	Location of SPFX:
SPFX Date and Time:	INTERIOR or EXTERIOR:

EDU - THE EXPLOSIVES DISPOSAL UNIT - edu@torontopolice.on.ca	
FAX: 416-808-4901	
Public Safety Unit EDU Tel: 416-808-4900	<input type="checkbox"/> Approved <input type="checkbox"/> Denied By: <input type="checkbox"/> P.C. <input type="checkbox"/> Sgt. S/Sgt. _____ Badge# _____
Conditions:	
Has Central Paid Duty Office been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Tel: 416-808-7880 Fax: 416-808-5042	

TORONTO FILM, TELEVISION & DIGITAL MEDIA OFFICE - Email ALL SPFX forms to filmtoronto@toronto.ca
Application should be submitted 72 hours before filming if any large format work is requested. Sufficient lead time is essential. Applications submitted without sufficient lead time may be denied without recourse.

Notice of Collection - The personal information on this form is collected under the legal authority of the City of Toronto Act, 2006 and Municipal Act 2001. The information is used to obtain consent for filming to process location film permit applications and aggregate statistical reporting. Questions about this collection can be directed to Manager, Toronto Film, Television & Digital Media Office, Rotunda North, Toronto City Hall, Toronto, ON M5H 2N2. Telephone#416-338-FILM(3456).



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FIREARMS AND BLANK GUNFIRE	
FX Supervisor/FX Location Rep:	On-location Contact Phone Number:
PAL (Possession Acquisition License) #: _____ Note: A Special Authority to Possess License must be in effect (attachment to business license) 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 persons? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your Special Authority to Possess License in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Synopsis:	
Projected set-up dates:	
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: _____	

DEMONSTRATION OF EFFECT	
Will an air capsule gun be used (e.g. Sweeney gun): <input type="checkbox"/> YES <input type="checkbox"/> NO	
Air capsule gun rounds containing: _____	
The decision on need for EDU supervision when an air capsule gun is used will be determined by EDU.	
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.	
Letter of intent / Site Plan attached? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please note a site plan MAY be requested by EDU. 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.	