



SPFX APPLICATION - SQUIBS

Date of Application: _____

This form must be filled out by Pyrotechnician when squibs for bullet hits only are used on film sets in the City of Toronto. SQUIBS 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:	SPFX 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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SQUIBS ONLY	
FX Supervisor/FX Location Rep:	On-location Contact Phone Number:
Pyrotechnician certificate #: _____ Class: _____ If YES DO NOT USE THIS FORM, USE PYROTECHNICS FORM	
Film Location:	
Synopsis:	
Project set-up Date:	
Projected initiation times:	
Planned number of resets:	
Bullet hits (positioned on a person):	<input type="checkbox"/> YES <input type="checkbox"/> NO