

SPECIAL USE PERMIT PHOTOGRAPHY APPLICATION INSTRUCTIONS



- 1. Complete **ALL** fields on the special use permit photography application and sign the bottom of the second page. Attach any additional information relevant to your photography shoot.
- 2. Liability Insurance is required. A Certificate of Liability Insurance must be submitted to the DCR with a minimum amount of 1 million dollars (\$1,000,000). The certificate must name The Commonwealth of Massachusetts, Department of Conservation and Recreation as additional insured for the date and location of your photography shoot.
- 3. Return completed special use permit photography application with check or money order in the amount of \$45.00 made payable to the Commonwealth of Massachusetts/DCR. Credit cards and cash are not accepted.

Applications should be mailed to:

The Department of Conservation and Recreation Attention: Joseph M. Rotondo 251 Causeway Street, 9th Floor Boston, MA 02114

- 4. Upon receipt of your completed special use permit photography application and fee, your application and information will be reviewed by all appropriate parties including, site supervisor, park rangers, State Police etc. If your photography shoot requires any DCR staff, equipment or services, you will receive an invoice which must be paid prior to your photography shoot.
- 5. Photography Credits should read: "Massachusetts Department of Conservation and Recreation".

Important Information

- Alcohol cannot be consumed, or given away on DCR property. 302 Code of Massachusetts Regulations 12.04- Alcoholic Beverages Prohibited without authorization.
- Setting up of tents/staging, scaffolding, certain inflatable items will require approval from the Massachusetts Department of Public Safety. http://www.mass.gov/eopss/docs/dps/appl/form-bbrs-state-building-permit-04-09-2011.pdf
- DCR Film coordinator, Joseph M. Rotondo. Email: joe.rotondo@state.ma.us



DEPARTMENT OF CONSERVATION AND RECREATION

Department of Special and Events

251 Causeway Street, 9th floor, Boston MA 02114 Fax (617) 626-1351

Attn: Joe Rotondo

SPECIAL USE PERMIT PHOTOGRAPHY APPLICATION

			for office use only	:
Event Date(s):			PERMIT #	
Film Title:			CHECK #	
Co. / Organization Na	me:			
Applicant Name:				
Address:		City/State/	/Zip:	
Day Phone #:		Evening Ph	none #:	
Fax #:		Cell Phone	#:	
Email Address:	Production Website:			
LOCATION REQUESTE (Filming site set up ma		etc. MUST accompany the appli	cation)	
Number of Crew:		Number of Actors/Models:		_
TYPE OF EVENT (CHE	CK ALL THAT APPL	Y)		
TV Movie		Documentary Commercial	Student Other	
	DATE(S)	STARTING TIME	CON	IPLETION TIME
Date 1:				
Date 2:				
Date 3:				
List Equipment Being U	sed			
Storyline				

ALL FILMING AND PHOTOGRAPHY PERMITS REQUIRE A CERTIFICATE OF LIABILITY INSURANCE.

THE CERTIFICATE MUST NAME THE COMMONWEALTH OF MASSACHUSETTS, THE DEPARTMENT OF CONSERVATION AND RECREATION AS ADDITIONALLY INSURED FOR THE DATE AND LOCATION OF YOUR EVENT. YOUR CERTIFICATE DOES NOT HAVE TO BE SENT WITH THIS APPLICATION, BUT MUST BE SUBMITTED PRIOR TO YOUR PERMIT BEING ISSUED.

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Event Date:	Film Title: _	Co / Org:		
		TACH SITE UP MAPS (INCULDING CAMERA POSISTIONS AND NE CLOSURE PLAN, ETC.		
Please indicate whether	the following item	ns pertain to your event:		
VEHICLE INFORMATION	N:			
Commercial: Yes	No	Location(s)		
Vehicle Use				
Where Will The Vehicles	Do Dorkod?			
Where Will The Vehicles				
Does Your Filming Requi		P If yes - what is the source?		
ROAD / LANE CLOSURI		ii yes what is the source:		
Road Closure: Yes	No	Location(s)		
Lane Closure: Yes	No	Location(s)		
<u></u>				
** There Will Be A Fee Associated With These Closures				
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the actions of its member	s, guests, invitees,	onsibility for Permittee's use of the property and its actions and agents and employees upon the site, and an agreement that the rmless the Department against any and all claims that may arise.		

DATE

SIGNATURE OF APPLICANT

(applications will not be processed without a signature)