

# WEST COAST TAS FILMING APPLICATION FORM

Applicant Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

Production Company Address: \_\_\_\_\_

Production Company ABN: \_\_\_\_\_

Producer(s): \_\_\_\_\_

Project Title: \_\_\_\_\_

Production Contact(s): Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Location Manager(s): Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Authorised Representative  
(on day(s) of filming): \_\_\_\_\_

**RETURN COMPLETED FORM TO-**  
GROWTH AND CHANGE DEPARTMENT  
P: (03) 6471 4700  
E: [growthandchange@westcoast.tas.gov.au](mailto:growthandchange@westcoast.tas.gov.au)  
PO BOX 63, Queenstown TAS 7467  
11 Sticht Street, Queenstown TAS 7467



Project Type:  
(Please Check)

- Commercial Photography
- Documentary
- Educational Film
- Feature Film
- Music Video
- Television Commercial
- Television Film
- Television Program/Series
- Other

Summary of the production  
(including proposed filming hours):

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Proposed location(s) to be used:

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Proposed Start Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Proposed Wrap Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Alternative Dates  
(adverse weather/  
contingency planning):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

<b>Special Request* (Please Check)</b>		<b>Provide Description</b>	<b>Authority</b>
			<b>(Administration Only)</b>
<input type="checkbox"/>	Designated Parking (lot)		Operations
<input type="checkbox"/>	Designated Parking (street)		Operations
<input type="checkbox"/>	Public Open Space Access		Council Bookings
<input type="checkbox"/>	Signage Alterations		Operations
<input type="checkbox"/>	Street/Footpath Closure		Operations
<input type="checkbox"/>	Traffic Control		Operations
<input type="checkbox"/>	Waste Containers/Disposal		Operations
<input type="checkbox"/>	<b>Other Requests</b>		<b>As required</b>

\*Note\* Special requests may incur fees

**Please Note: This submission is subject to Council approval.**

By signing this form, you agree to adhere to all West Coast Council terms and conditions for filming on the West Coast.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**

**BEFORE SUBMITTING THIS FORM**

- I have provided all requested information, signed and dated this form.
- I have provided a Risk Management Plan.
- I have provided additional permits eg. CASA accreditation, other additional documentation.
- I have provided a copy of Public Liability Insurance.
- I have notified and/ or gained permissions from all affected businesses, residents/landowners.