

SPFX FORM - SQUIBS ONLY



DATE OF APPLICATION: _____

APPLICANT – PRODUCTION INFORMATION

First & Last Name:		Production Office Phone Number:	
Project Title:		Production Company	
Location of SPFX:	Date of SPFX:	Time of SPFX:	
FX Location Representative:		On-site Contact Phone Number	
FX Supervisor: _____		Phone: _____	
Pyrotechnician Certificate # _____		Class: _____	
Will Squibs be used with anything else (i.e. black powder)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES DO NOT USE THIS FORM. Use the Pyrotechnics form and submit to the Hamilton Fire Department, Hamilton Police Services Explosive Disposal Unit and the Hamilton Film Office.			

Has the Paid Duty Officer been notified and requested? _____ YES _____ NO

Phone: 905-546-4366 Email: paidduties@hamiltonpolice.on.ca

Paid Duty Contract: <https://www.hamilton.ca/hamilton-music-film-office/filming-in-hamilton/request-paid-duty-officers>

SQUIBS ONLY

Film Location:	
Date(s) of Filming:	
Projected set-up date:	Projected initiation times
Planned number of resets:	
Form Completed By: _____ Pyrotechnician	
On Behalf Of _____ Production Company	

This form is to be submitted to the City of Hamilton Film Office and Hamilton Police Services Explosive Disposal Unit

HPS Explosive Disposal Unit Email: edu@hamiltonpolice.on.ca Phone: 905-546-4749

City of Hamilton Film Office Email: film@hamilton.ca Phone: 905-546-4233

INTERNAL OFFICE USE ONLY:	
EDU Explosive Team Member: _____	Approved: _____
Conditions: _____	

