



**FIRE DEPARTMENT**

**Request for Special Effects Permit**

Please note 48 hour notice is required to process all permits. The technician must email a copy of his/her California Pyrotechnic Operator card and this form to [BFDFilming@burbankca.gov](mailto:BFDFilming@burbankca.gov).

**Date of Request:** \_\_\_\_\_

**Filming Location  
(Business Name and Address):** \_\_\_\_\_  
\_\_\_\_\_

**Production Company Name:** \_\_\_\_\_

**Production Company**

**Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date and Time of  
Special Effects:** \_\_\_\_\_

**Requestor:** \_\_\_\_\_

**Requestor's Cell:** \_\_\_\_\_

**Show:** \_\_\_\_\_

**Pyrotechnics:** Yes No

**Audience:** Yes No

**Candle and/or**

**Open Flame:** Yes No

**Technician:** \_\_\_\_\_

**Technician's Cell:** \_\_\_\_\_

**Technician's**

**License Number:** \_\_\_\_\_

**Description of special effects including the quantity, size and type of each product(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<i>Office Use Only</i>	<i>Permit Fee:</i>	<i>Operator Card</i> <input type="checkbox"/>
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