



FILMING AND STILL PHOTOGRAPHY PROPOSAL

USDA Forest Service

Grand Mesa, Uncompahgre and

Gunnison National Forests

Completion of this supplement is optional; however, it will assist in expediting your request

CONTACT INFORMATION

Name/Company:	Project Title:
Date Submitted:	Date(s) includes set-up, production, breakdown, restoration: Alternate Production Date(s):
<i>[check box for over night stay]</i>	Details for overnight use:
Authorized Representative (individual designated to sign a permit & accept responsibility):	Primary Contact Name & Title:
Mailing/billing Address:	Primary Contact Phone number(s) & e-mail:
Email:	Backup Contact Name/Title (if applicable):
Authorized Repres. Phone number:	Backup Contact Phone number(s) & e-mail:

PRODUCTION INFORMATION

Type of production (check all that apply)

Still Photography

Feature Film

Documentary

Print advertisement

Commercial

Social Media

Video

Other (describe) _____

Total number of individuals on location, numbers:

_____ Actors _____ Crew _____ Catering _____ Subcontractors _____ Staff

Other (describe, numbers): _____



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LOCATION INFORMATION NOTE: *National Forest System lands often have mixed ownership within its boundaries. It is the responsibility of the proponent to determine if coordination with other agencies or private landowners is necessary.*

Forest Service Interactive Map website link: <https://www.fs.usda.gov/ivm/>

Proposed filming location(s) (include size of area to be used, roads, trails, legal description, etc):

Include GPS coordinates, legal description, including size of area to be used; attach map(s):

Areas (check all that apply and describe):

Special Areas:

Trails:

Roads:

Staging Areas:

Developed Recreation Areas (ex. campgrounds, day use sites, marinas, etc):

Wilderness Areas:

Riparian Areas:

Wild & Scenic River:

Forest Service Administrative Site (ex. Ranger Station, Work Center, etc.):

Scenic Byway:

Other (describe):

PROPOSED FILMING ACTIVITIES

Description of activities (include proposed ground disturbing activities, themes, purpose, filming title):



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EQUIPMENT, STAGING, AND PROP INFORMATION

Stunts/Special Effects/Other Activities (check all that apply and describe):

Pyrotechnics, campfires, or bonfires:

Night shoots, outdoor lighting:

Noise effects:

Domestic or wild Animals:

Use of plants, rocks, soils from off site:

Weather machines (ex. snow making, fog, etc):

Hazardous Materials:

Projectiles or weapons:

Aerial Stunts:

Other (describe):

Equipment Details (check that apply, describe, include numbers): Attach list or description of ancillary support equipment if applicable

_____ Passenger vehicles:

_____ Off-road/all-terrain vehicles:

_____ Trucks/commercial vehicles:

_____ RVs/trailers/portable bathrooms:

_____ Generators:

_____ Boats/watercraft:

_____ Drones (UAS) [see page 4]:

_____ Aircraft motorized/unmotorized (type, time, flight pattern):

Other (describe, include numbers):



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Action involving vehicles and/or equipment:

Parking plan (vehicles including ATVs, snowmobiles, RVs, etc., equipment, aircraft):

Staging plan and layout of site (dressing rooms, catering, portable restrooms, etc.):

Props proposed (large props, weapons, signs, buildings, vehicles, plants, etc.):

Traffic and safety control/special closure measures needed (controls for general public during filming activity):

DRONE INFORMATION

Aircraft Registration: _____ Certificate Number: _____

Issued Date: _____ Expiration Date: _____

Remote Pilot Certificate with UAS rating:

Rating _____ Certificate Number _____ Date Issued _____

**If applicable, provide approvals or permits from county officials where filming will take place.
If you received an approval or a permit, please attach and provide the county information below:**

Name and Title:

Email:

Phone:

County Permit Obtained: _____ Yes _____ No



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I CERTIFY That the information given by me in this application is true, complete, and correct to the best of my knowledge and belief and is given in good faith. *The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or statements have been given.*

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____



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Cost Recovery Fees – An assessment of fees to recover agency processing costs for special use applications and monitoring costs for special use authorizations. These fees are separate from any fees charged for the use and occupancy of National Forest System lands.

Cost Recovery Fee Schedule:

Category	Federal Work Hours Involved	Processing/Monitoring Fee CY 2026
1	Estimated staff work hours are > 1 to 8	\$159
2	Estimated staff work hours are > 8 to 24	\$563
3	Estimated staff work hours are > 24 to 36	\$1,059
4	Estimated staff work hours are > 36 to 50	\$1,518
5 (Master Agreement)	Varies	As specified in an agreement
6 (Major Agreement)	Estimated staff work hours are >50	Full reasonable costs, except MLA Full actual costs (MLA)

Land Use Fees - in addition to cost recovery fees, there may be a rental fee based on the fair market value for the uses authorized and is payable in advance. Land use fees for filming are updated annually based on the U.S. Department of Labor Consumer Price Index (CPI-U).

Additional fees: traffic control(road closures, detours, etc.), use of congressionally or agency identified areas (e.g. Wilderess and Research Areas), surface disturbances, or special effects.

INSURANCE (reference 36 CFR 251.56, FSM 2713.1 and FSH 2709.11 chapter 10)

Permit holders are required to indemnify the United States against any liability for damage to life or property arising from the occupancy or use of National Forest System Lands. The Forest Service may require insurance. If required, a Certificate of Insurance must be presented to the Forest Service before^e a permit is issued.

Requirements -

- Naming the United States as an Additional Insured. Ensure that the insurance policy names the United States as an additional insured. Please provide documentation, such as an endorsement or declarations page, so that the Forest Service can verify that this requirement has been met.
- 30-day Notice to Forest Service. Forest Service permits contain language that require the holder to give 30 days prior written notice to the Forest Service of cancellation of or any modification to the insurance policy.
- Coverage Amounts. The amount of insurance required will depend on the degree of risk involved. The Forest Representative administering the special use permit will inform the prospective permittee of the required liability coverage necessary



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Contact information

Forest Supervisor's Office

POC: Denise Kusnir

EMAIL: mary.kusnir@usda.gov

District Offices:

DISTRICT NAME: Grand Valley Ranger District

POC: Abby Rader

EMAIL: Abigail.Rader@usda.gov

DISTRICT NAME: Gunnison Ranger District

POC: Denise Kusnir

EMAIL: mary.kusnir@usda.gov

DISTRICT NAME: Norwood Ranger District

POC: Lindsey Binder

EMAIL: Lindsey.Binder@usda.gov

DISTRICT NAME: Ouray Ranger District

POC: Lindsey Binder

EMAIL: Lindsey.Binder@usda.gov

DISTRICT NAME: Paonia Ranger District

POC: Abby Rader

EMAIL: Abigail.Rader@usda.gov