



Production Company Name: _____

Address: _____

Phone _____

Fax: _____

Primary Contact (Please print): _____ **Title:** _____

Email: _____

Phone: _____

Secondary Contact (Please print): _____ **Title:** _____

Email: _____

Phone: _____

Production Title: _____

Date(s) of Shoot:

From	To
_____	_____

Time of Shoot:

From	To
_____	_____

Estimated Duration (hours): _____

Scope of Production (attach additional sheet of paper if necessary):

Requested Location(s) of Shoot/Activity (check all that apply):

Non-Restricted Interior **Restricted Interior** **Other**

Non-Restricted Exterior **Restricted Exterior**

Estimated Number of Cast/Crew: _____

Estimated Space or Meeting Room Requirements:

Electrical Needs:



PARKING

Do you require curbside parking?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you require airside parking?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you require a vehicle staging area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Number of vehicles: _____ Number of trailers: _____

Estimated duration (hours): _____

Vehicle Make	Vehicle Model	Vehicle Height
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant shall mail application to:

Asheville Regional Airport Authority
Attn. Marketing Director
708 Airport Rd.
Fletcher, NC 28732

828-654-3238 Phone
828-684-3404 Fax

I have read and understand the Asheville Regional Airport Authority Filming Policy. I understand the conditions governing the activities described therein. In order to receive this permit, I have submitted this Authorization in addition to a written statement explaining the film requirements in detail. I understand that failure to comply may result in the revocation of the Film Permit.

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____