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| --- | --- |
| **DATE OF FILMING** | **PARK/HISTORIC SITE LOCATION** |
| **MEDIA ORGANIZATION AND CITY (INCLUDE SPECIFIC SEGMENT IF APPLICABLE)** |
| **FILMING - ARRIVAL TIME and DEPARTURE TIME**  |
| **STORY OR EVENT BEING COVERED:**  |
| **NUMBER OF MEDIA VEHICLES** | **NUMBER OF PERSONNEL/CREW** |
| **REQUESTING DRONE APPROVAL?** **YES \_\_\_\_\_****NO \_\_\_\_\_** | **IF YES, ATTACH DRONE REGISTRATION AND PILOT FAA PART 107 LICENSE NUMBER TO THIS DOCUMENT FOR APPROVAL.*****ALL DRONE OPERATION ON GEORGIA STATE PARKS AND HISTORIC SITES REQUIRES ADVANCED NOTICE FOR DIRECTOR APPROVAL.***  |
| **EXPECTED AIR DATE/TIME** | **PROVIDES PROMOTIONAL VALUE TO PHSD?** |
| **IS DNR ASKED TO PROVIDE A STATEMENT OR REPRESENTATIVE ON CAMERA? IF SO, PLEASE STATE THE NAME AND TITLE OF DNR EMPLOYEE.**   |
| **ANY SPECIAL REQUESTS?**  |

Prepared By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Approval: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*E-mail approval can be attached in place of signature.