

Imperial Sand Dunes Buttercup Dunes

Dear BLM Applicant:

The following is information about the **Bureau of Land Management Commercial Film Permit Application**.

Attached you will find:

1. BLM Cover Page with instructions and fee information – 2 pages
2. Land Use Application and Permit, 3 pages (**signature required on Page 1 & 2**)
3. Film Permit Application, 3 pages

**Please include with your return Email:**

- a. #2 & 3 signed and completed (required)
- b. A **Storyboard** or a **detailed description of activities** (not required but highly recommended)
- c. A map showing exactly what area(s) you are requesting – GPS coordinates are preferred
- d. A Certificate of Insurance **and** a Letter of Endorsement listing the **Bureau of Land Management** as additionally insured (Required – see page two (2) for details)

Please read and complete the aforementioned forms. ***Any pages left unsigned or incomplete will halt the permit process and delay your permit.*** Please use the checklist above to verify you have prepared all the appropriate documents. Once the **signed and fully complete** application has been received, along with required insurance documents and payment, the IEFS will process your permit within 30 working days. It is important to list **ALL** props, vehicles, and equipment to be used, along with a detailed description of your activities and/or a storyboard. You must list all stunts, precision driving, pyrotechnics, explosive devices, airplanes, helicopters or drones used in your shoot.

## **FEES\***

All Motion Filming (Film, Digital, Video, etc.).....Permit Rates: 01-30 people = \$250/day  
31-60 people = \$500/day  
61+ people = \$600/day

Commercial Still Photography .....Permit Rates: 01-10 people = \$100/day  
11-30 people = \$150/day  
31+ people = \$250/day

Processing Fee .....To be determined based on BLM Review (Starts at \$278)

Monitoring Fee .....To be determined based on BLM Review (Starts at \$278)

IEFS Fee<sup>+</sup> .....\$260 per permit

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<sup>\*</sup>Regulations (43 CFR 2920.6(b)) require the collection of cost recovery and monitoring fees for land use permits.

<sup>+</sup>to avoid this fee you can contact the BLM directly for permit processing – (760) 833-7100. This will also increase your permit processing time to 5 weeks or more.

## Bureau of Land Management

Page 2

### **ALL FEES ARE NON-REFUNDABLE**

**All invoices will be sent via Square.com where you can pay online with a credit card, ACH or money app. Fees are subject to change without notice.**

If you want to pay by check, make it payable to the Inland Empire Film Services, Inc. Once you have been given your total, overnight (via FedEx, UPS, etc.) your check to the address supplied by the IEFS representative. Keep in mind that the check has to clear the bank before the permit will be issued.

You must provide proof of liability insurance and a Letter of Endorsement (ISO Form CG-20-12-07-98 or equivalent) naming the Bureau of Land Management as additionally insured for the amount of \$1 million.

The Insurance Certificate *must* read in the “Certificate Holder” Box *verbatim*:

**“Bureau of Land Management, 1661 4<sup>th</sup> St, El Centro, CA 92243”**

The Insurance Certificate *must* read in the “Description of Operations” Box *verbatim*:

**“U.S. Department of the Interior, Bureau of Land Management, as additional insured”**

The Letter of Endorsement *must* read *verbatim*:

**“Bureau of Land Management, 1661 4<sup>th</sup> St, El Centro, CA 92243”**

And

**“U.S. Department of the Interior, Bureau of Land Management, as additional insured”**

In the event of the use of aircraft (planes, helicopters, etc), an Aircraft Liability Insurance Certificate and Letter of Endorsement is required naming the Bureau of Land Management as additionally insured in the amount of \$5 million. *If you are using drones, an UAS/aircraft liability insurance in the amount of \$2 million is required along with your FAA drone documents and a POA with Aeronautical maps, copy of 107 cert and FAA drone registration.*

The Aircraft Insurance Certificate *must* read in the “Certificate Holder” Box *verbatim*:

**“Bureau of Land Management, 1661 4<sup>th</sup> St, El Centro, CA 92243”**

The Aircraft Insurance Certificate *must* read in the “Description of Operations” Box *verbatim*:

**“U.S. Department of the Interior, Bureau of Land Management, as additional insured”**

The Aircraft Letter of Endorsement *must* read *verbatim*:

**“Bureau of Land Management, 1661 4<sup>th</sup> St, El Centro, CA 92243”**

And

**“U.S. Department of the Interior, Bureau of Land Management, as additional insured”**

### **A Copy of your “Plan of Activities” (POA) filed with the FAA is also required for aircraft**

Please contact us once a specific location has been chosen to determine the availability of that location on the date you desire. **All locations requested are tentative and are not guaranteed reserved until your paperwork is received, completed, signed and paid in full.**

All vehicles to be used during filming must have displayed the approved permit on the front, driver's side dashboard. Also, a complete copy of your permit, stipulations, maps and insurance must be on site at all times.



## THANK YOU for permitting Bureau of Land Management Lands

*Part of*  
***“Hollywood’s Largest Backlot!”™***

Inland Empire Film Services has crew and services available for film production, feature films, commercials, television, still photography, music videos, industrial videos, independent films, student films, and more! Just check out our website ([www.iefilmpermits.com](http://www.iefilmpermits.com)), email us ([blm@iefilmpermits.com](mailto:blm@iefilmpermits.com)) or give us a call.

If you need any assistance  
please do not hesitate to contact us

**Dan Taylor .....(951) 415-9600**  
**Linda Kai-Gorman .....(951) 415-3419**

Thank you for filming our  
"27,000 Square Miles of Filming Opportunity!"™



# CERTIFICATE OF LIABILITY INSURANCE

SWEAT-1

OP ID: LG

DATE (MM/DD/YYYY)

12/17/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No.):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY						03/05/14	03/05/15	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC						03/05/14	03/05/15	MED EXP (Any one person)	\$ 5,000
									PERSONAL & ADV INJURY	\$ 1,000,000
A	AUTOMOBILE LIABILITY						03/05/14	03/05/15	GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	UMBRELLA LIAB EXCESS LIAB							EACH OCCURRENCE	\$	
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						AGGREGATE	\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						03/05/14	03/05/15	WC STATUTORY LIMITS	OTHR
	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A							E.L. EACH ACCIDENT	\$ 1,000,000
A	Equipment Floater							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Department of The Interior-Bureau of Land Management is named as  
additional insured.

## CERTIFICATE HOLDER

## CANCELLATION

Department of the Interior  
Bureau of Land Management  
El Centro Field Office  
1661 S. 4th St.  
El Centro, CA 92243

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



# Inland Empire Film Services, Inc.

## Applicant Information

Company Name: \_\_\_\_\_ Production Title: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Company Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Title, Cell & email: \_\_\_\_\_

## Filming Information

### Type of Production

<input type="checkbox"/> Feature	<input type="checkbox"/> TV Episodic	<input type="checkbox"/> TV Reality
<input type="checkbox"/> Commercial	<input type="checkbox"/> Stills	<input type="checkbox"/> Documentary/Industrial
<input type="checkbox"/> Music Video	<input type="checkbox"/> Student	Other (Specify) _____

**Total number of people on location (crew, cast, vendors, etc):** \_\_\_\_\_

### Vehicle Breakdown (# of each):

Cars: \_\_\_\_\_ Lg. Trucks: \_\_\_\_\_ RVs: \_\_\_\_\_ Picture Vehicles: \_\_\_\_\_

Generators: \_\_\_\_\_ Camera Cars: \_\_\_\_\_ Other (specify & #): \_\_\_\_\_

### Location:

Location Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Owner/Rep Name: \_\_\_\_\_

Owner/Rep Number: \_\_\_\_\_

Date(s) and time(s) of shoot: \_\_\_\_\_

Summary of scenes (activity, stunts, SFX, etc): \_\_\_\_\_

\_\_\_\_\_

**\*\*\*By submitting this form, you are agreeing to pay a service fee to process this information\*\*\***

## **Additional El Centro BLM Permit Questions**

Number of Cast:

Number of Crew:

Props/Temporary Structures - Describe any props or sets to be constructed:

Animals - Please list the type(s) and quantity of animals associated with your project:

List all Vendors:

Sanitation Management - Please list any portable restrooms, portable water storage, trash disposal services, etc., associated with your project:

Helicopters (type and quantity):

Drones (type and quantity):

Pyrotechnics - Describe any pyrotechnics and how they will be used:

Vehicles - Please provide the quantity and type(s) of vehicles associated with your production:

Night Filming - Please describe any night filming and additional safety measures to be taken:

**LIST FILMING SHOTS IN CHRONOLOGICAL ORDER, INCLUDE START TIME AND ESTIMATED FINISH TIME FOR EACH DAY OF FILMING (INCLUDE STORY BOARD OR SHOT SCHEDULE IF APPLICABLE). USE ADDITIONAL SHEETS AS NEEDED:**

**PLEASE LIST POTENTIAL HAZARDS:**

List all local public health and safety agencies notified of your event (i.e. hospitals, police, fire, etc.):

Describe level of on-site medical service necessary, duration, type of equipment required, and who will provide this service (include phone numbers). Your medical plan should demonstrate how you are capable of locating, rendering aid to, and safely evacuating any accident victim(s) associated with your permit:

Describe level of fire and rescue service necessary, duration, type of equipment required, and who will provide this service (include phone numbers):

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
**LAND USE APPLICATION AND PERMIT**  
(Sec. 302(b) of P.L. 94-579, October 21, 1976, 43 U.S.C. 1732)

FORM APPROVED  
OMB NO. 1004-0009  
Expires: March 31, 2014

FOR BUREAU OF LAND MANAGEMENT (BLM) USE ONLY

Application Number

1. Name <i>(first, middle initial, and last)</i>	Address <i>(include zip code)</i>	Phone <i>(include area code)</i>
2. Attach map or sketch showing public lands for which you are applying		
3. Proposed date(s) of use: from	to	
4. Give legal basis for holding interest in lands in the State of _____ <i>(Check appropriate box at right and explain.)</i>	<input type="checkbox"/> Resident <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> County <input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Other	
5. Are the lands now improved, occupied or used? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "yes," describe improvements and purposes, identify users and occupants.)</i>		
6. Do you need access to the land? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Describe needed or existing access)</i>		
7a. What do you propose to use the lands for?		
b. What improvements and/or land development do you propose? <i>(To complete application processing, engineering and construction drawings may be required)</i>		
c. What is the estimated capital cost?	d. What is the source of water for the proposed use?	
\$ _____		
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.		
<hr/> <p>(Signature of Applicant)</p> <hr/>		<p>(Date)</p> <hr/>

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

(Continued on page 2)

## PERMIT

Permission is hereby granted to

of

to use the following described lands:

TOWNSHIP	RANGE	SECTION	SUBDIVISION

Meridian	State	County	Acres (number)
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for the purpose of

and subject to the following conditions:

1. This permit is issued for the period specified below. It is revocable at the discretion of the BLM, at any time upon notice. This permit is subject to valid adverse claims heretofore or hereafter acquired.
2. This permit is subject to all applicable provisions of the regulations (43 CFR 2920) which are made a part hereof.
3. This permit may not be assigned without prior approval of the BLM.
4. Permittee must not enclose roads or trails commonly in public use.
5. Authorized representatives of the Department of the Interior, other Federal agencies, and State and local law officials will at all times have the right to enter the premises on official business.
6. Permittee must pay the United States for any damage to its property resulting from the use.
7. Permittee must notify the BLM of address change immediately.
8. Permittee must observe all Federal, State, and local laws and regulations applicable to the premises and to erection or maintenance of signs or advertising displays including the regulations for the protection of game birds and game animals, and must keep the premises in a neat, orderly, and sanitary condition.
9. Permittee must pay the BLM, in advance, the lump sum of \$ for the period of use authorized
10. Use or occupancy of land under this permit will commence within months from date hereof and must be exercised at least days each year.
11. Permittee must take all reasonable precautions to prevent and suppress forest, brush, and grass fires and prevent pollution of waters on or in the vicinity of the lands.
12. Permittee must not cut any timber on the lands or remove other resources from the land without prior written permission from the BLM. Such permission may be conditioned by a requirement to pay fair market value for the timber or other resources.
13. Permittee agrees to have the serial number of this permit marked or painted on each advertising display or other facility erected or maintained under the authority of such permit.
14. This permit is subject to the provisions of Executive Order No. 11246 of September 24, 1965, as amended, which sets forth the Equal Opportunity clauses. A copy of this order may be obtained from the BLM.
15. Permittee acknowledges, by signing below, that he/she knows, understands and accepts the terms and conditions under which this permit is issued.

16. Special conditions (attach additional sheets, if necessary)

Permit issued for period

(Permittee)

From \_\_\_\_\_

(BLM)

To \_\_\_\_\_

(Title)

(Date)

## INSTRUCTIONS

1. Submit, in *duplicate*, to any local office of the Bureau of Land Management having jurisdiction of the lands.
2. Applications for Land Use Permits will not be accepted unless a notification of the availability of the land for non-BLM use (*Notice of Realty Action*) has been published in the Federal Register and for 3 weeks thereafter in a newspaper of general circulation. This provision does not apply in those situations where the publication of a (*Notice of Realty Action*) has been waived by the BLM.
3. Costs of processing the application must be paid by the applicant in advance.
4. The BLM may require additional information to process an application. Processing will be deferred until the required information is furnished by the applicant.

## NOTICES

**The Privacy Act** and 43 CFR 2.48(d) require that you be furnished with the following information in connection with the information required by this form.

**AUTHORITY:** 43 U.S.C. 1732 and 43 CFR Part 2920 permit collection of the information requested by this form.

**PRINCIPAL PURPOSE:** The BLM uses the information in this form to process your application.

**ROUTINE USES:** In accordance with the System of Records titled, "Land and Minerals Authorization Tracking System--Interior, LLM-32," disclosure outside the Department of the Interior may be made: (1) To appropriate Federal agencies when concurrence or supporting information is required prior to granting or acquiring a right or interest in lands or resources, (2) To Federal, State, or local agencies or a member of the general public in response to a specific request for pertinent information, (3) To the U.S. Department of Justice or in a proceeding before a court or adjudicative body when (a) the United States, the Department of the Interior, a component of the Department, or when represented by the government, an employee of the Department is a party to litigation or anticipated litigation or has an interest in such litigation, and (b) the Department of the Interior determines that the disclosure is relevant or necessary to the litigation and is compatible with the purpose for which the records were compiled, (4) To an appropriate Federal, State, local, or foreign agency responsible for investigating, prosecuting, enforcing, or implementing a statute, regulation, rule, or order, where the disclosing agency becomes aware of an indication of a violation or potential violation of civil or criminal law or regulation, (5) To a member of Congress or a Congressional staff member from the record of an individual in response to an inquiry made at the request of that individual, (6) To the Department of the Treasury to effect payment to Federal, State, and local government agencies, nongovernmental organizations, and individuals, and (7) To individuals involved in responding to a breach of Federal data. The BLM will only disclose this information in accordance with the Freedom of Information Act, the Privacy Act, and the provisions at 43 CFR 2.56(c).

**The Paperwork Reduction Act** requires us to inform you that:

The BLM collects this information to process applications for land use authorizations, in accordance with 43 CFR Part 2920.

You do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a valid OMB control number.

**EFFECT OF NOT PROVIDING INFORMATION:** Submission of the requested information is necessary to obtain or retain a benefit. Failure to submit all of the requested information or to complete this form may result in delay or preclude the BLM's acceptance of your form.

**BURDEN HOURS STATEMENT:** The estimated public reporting burden for this form is 1 hour per response for the majority of responses, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. For more complex responses, the estimated public reporting burden is 120 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. You may submit comments regarding the burden estimate or any other aspect of this form to: U.S. Department of the Interior, Bureau of Land Management (1004-0009), Bureau Information Collection Clearance Officer (WO-630), 1849 C Street, N.W., Washington, D.C. 20240.