



NUNAVUT PRODUCTION REGISTRATION FORM

Production Company Information

Date of Application: _____

Film Working Title: _____

Production Company: _____

Local Production Office Address: _____

Production Office Telephone: _____ Production Office Fax: _____

Production Office E-Mail: _____

Permanent Address: _____

Permanent Telephone: _____ Permanent Fax: _____

Executive Producer: _____

Producer(s): _____

Director: _____

Production Manager: _____ Accountant: _____

First AD: _____ Production Coordinator: _____

Location Manager: _____ Assistant Location Manager: _____

Production Designer: _____ Special Effects Coordinator: _____

Email: _____ Web: _____

Nunavut Shoot Dates: _____

Release/Broadcast Dates: _____

Number of Crew on Locations: _____

Additional Information _____

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Proposed Activities:

Explosion	Rain or Snow	Fire	Helicopter
Drive up/away	Car Stunts	Drive by	Two Shots
Stunts	Animals	Gunfire	Wet downs
Exterior Set Construction			

Please circle the appropriate for proposed activities.

Please list the **exact locations** where you will be filming in Nunavut:

Please sign and include a **COMMERCIAL FILMMAKERS' CODE OF PROFESSIONAL RESPONSIBILITY** and send complete package to:

Mail:
NUNAVUT FILM
DEVELOPMENT CORPORATION
PO BOX 2398
IQALUIT, NUNAVUT
CANADA X0A 0H0

Email:
info@nunavutfilm.ca

Fax:
(867) 979-3013

Phone:
(867) 979-3012