|  |  |
| --- | --- |
| **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.