

## **Motion Picture/Television**

Course Nan	ne and Number:			
Prod. #:		Production Title:		
Producer:			Director:	
Location Ma	anager:			
dist Ser or c	ctrical Tie-ins, the ribution boxes wi vices Electrician o direct wiring will o	installation of cam-lock pig ta Il ONLY be authorized by the F f the College of DuPage Motio nly be authorized and perforn	ils or direct wiring of permanent Production Office at the School of on Picture/Television. The actual med by a Licensed Electrician. A	t interior or exterior of Filmmaking and the Facility I installation of the cam-locks Il requests for electrical tie-ins
This is to ce	rtify that for the current te		prior to the needed date of the is/a production of an authorized	re enrolled in the School of
project chti				
Name of Stu	udent Gaffer:			
Telephone:				
Name of Licensed Electrician:				
Telephone:				
Electrical Lie	cense Number:			
Date(s) of shoot:				
Date tie-in is to be done: Date tie-in is to be removed:				
ADDITIONAL COMMENTS:				
By signing below, I, the above named student gaffer, accept full and complete responsibility for all electrical aspects of the above named student production.				
Student Gaffer		Date	Student Producer	Date
Instructor/Ment	tor	Date	Location Representative	Date
APPROVAL:				
Licensed Electric	cian	Date	Head of Production	Date

Assistant Dean of Production