Weapons Usage Form

This form must be completed and signed at least five business days prior to filming or stage production. Applicants must attach a Safety Plan. Applicants must also attach a clear, full page, color photo of each weapon, script, and storyboards for the scenes involving prop weapons. Upload the documents to your online application (https://chapman.campusoptics.com/pr/weapons-usage). If the documents and photos are not adequate the application will be rejected.

Your "accepted" online application will include an Outlook booking link to set an appointment for a weapons inspection. Weapons need to be secured or concealed in a box or bag.

**WARNING:** A film shoot/production using prop weapons without proper notification to all parties involved could be mistaken for a real crime in progress, with possibly fatal consequences.

**Applicant (Director) Name:**

Chapman ID #: ________________

Phone: ________________ Email: ________________

Producer: ________________ 1st AD: ________________

Weapons Wrangler: ________________

**Production Title:**

**Date(s) of shoot/production:**

Instructor/Advisor: ________________ Class # and Name: ________________

**Filming/Production Location #1:**

Description of weapon(s) type(s) and related activity:

1. ________________
2. ________________
3. ________________

**Filming/Production Location #2:**

Description of weapon(s) type(s) and related activity:

1. ________________
2. ________________
3. ________________
Note: If multiple weapons are to be used at multiple locations, attach a separate page that clearly outlines that information.

**Approvals** (obtain signatures & initials in order listed below):

1) Instructor/Advisor: ___________________________ Date: _________

2) Fire & Life Safety: ___________________________ Date: _________
   Comments from FLS: ___________________________
                       ___________________________
                       ___________________________

3) Production Manager: ___________________________ Date: _________

**CONFIRMATION SCRIPT / SIDES ARE ATTACHED (INITIALS):**

1) INSTRUCTOR/ADVISOR_________ 2) FIRE&LIFE SAFETY_________ 3) PROD MGMT___________

**CONFIRMATION PHOTOS ATTACHED (INITIALS):**

1) INSTRUCTOR/ADVISOR_________ 2) FIRE&LIFE SAFETY_________ 3) PROD MGMT___________

**By signing below, I acknowledge that I have read and agree to adhere to Dodge College and University policies regarding the use of prop weapons as stated in the Production Handbook and Safety Manual; if using prop weapons off campus, I acknowledge that the production is required to disclose their use on the permit application and will also obey any requirements imposed by the filming permit secured for this production; I understand that failure to comply with Dodge College safety policies have severe consequences and will result in disciplinary action.**

I acknowledge I am required to contact the Department of Public Safety at (714) 997-6763 for on-campus filming, or the local law enforcement when filming off campus, prior to bringing the weapons to the set/location.

Signature: ___________________________ Date: _____________________