



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: _____

