

Photography/Videography Application

U.S. National Arboretum

OMB No. 0518-0024

Expires 12/31/2027

Date

Applicant Name

Address

City

State

Zip

Phone

Fax

Please provide the name, address, and phone number of the organization or company that has contracted for your photographic or videographic services, if applicable.

Company Name

Company Contact

Address

City

State

Zip

Phone

Fax

.....

Desired Permit Date

Entry Time

Exit Time

Rain Date

Total Number of People

Total Number of Vehicles

Identify all site(s) to be used.

(Note: On weekdays, no more than 2 locations are allowable. On Sundays, no more than 3 locations.)

Itemize equipment to be used.

(Camera type, sound equipment, lights, screens, etc.)

Asian Collections

Azalea Collections

Dogwood Collection

Fern Valley

Friendship Garden

Gotelli Conifer Collection

Holly & Magnolia Collections

National Boxwood Collection

National Capitol Columns

National Herb Garden

Perennial Collections

Other

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Provide a detailed description of the project (what you are proposing to photograph or film, the purpose of the project, the audience of the project, the number of cast and crew, etc).

Describe the manner in which the images or pictures will be used. Identify where they are to be aired or published.

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All U.S. National Arboretum regulations must be obeyed. Falsification of any of the above information will result in immediate cancellation of permission to photograph with no refund. Permission granted is only for the time and date indicated and is not transferable. Locations other than those approved may not be used. Security of all equipment is provided by the permittee.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0518-0024. The time required to complete this information collection is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

I understand and agree to the conditions above and have not falsified any information about this project.

Signature

Date

FOR OFFICIAL USE ONLY

Approving Official

Date

Approved

Denied

Reason for Denial

Notifications

Director

Security

Facilities Manager

Event Coordinator

PHEU Leader

Curator(s)

Front Desk