

**Production Company Registration Form - PART TWO -**

**PROJECT TYPE: CHECK COMMERCIAL TYPE**

REGIONAL (or INTERNATIONAL) – must provide proof of more than one media buy (advertising time and space)

NATIONAL – (USA) must provide proof of national coverage media buy

INTERNET – must provide proof of media buy from another, non-related website or monetized platform

INFOMERCIALS - must provide proof of media buy via paid programming for public viewing

EPK – must be produced by a different production company other than the project and NM based

*Note: Local Commercials (within a state) & PSAs do not qualify for the Tax Credit. For more information on NTTC Type 16s click [here](#).*

**7. PRODUCTION INFORMATION:**

**CLIENT:**

**LEAD CAST MEMBER:**

*Include name, phone and email for the following individuals:*

AD AGENCY AND CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRODUCTION COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DIRECTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ LEAD CAST: \_\_\_\_\_

POC: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

POST ACCOUNTANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**8. SCHEDULE: (mm/dd/yyyy)**

1. Prep Dates: \_\_\_\_\_ to \_\_\_\_\_ Total Work Days: \_\_\_\_\_

2. Principal Photography: \_\_\_\_\_ to \_\_\_\_\_ Total Work Days: \_\_\_\_\_

3. Wrap Dates: \_\_\_\_\_ to \_\_\_\_\_ Total Work Days: \_\_\_\_\_

4. NM Post Services: \_\_\_\_\_ to \_\_\_\_\_ Total Work Days: \_\_\_\_\_

**9. RESIDENT HIRES:**

1. Total CREW Size (Off-Camera ATL/BTL, Nonresidents & Residents): \_\_\_\_\_

2. Total Number of Anticipated FULL-TIME RESIDENT CREW Hires: \_\_\_\_\_

4. Total Number of Resident PERFORMING ARTISTS (Actors & Stunts): \_\_\_\_\_

5. Total Number of BACKGROUND: \_\_\_\_\_

6. Will post production services take place in NM for this project? If yes, number of residents providing post services: \_\_\_\_\_

7. Will production utilize a NM Post House for post services? YES or NO

**10. FILMING LOCATIONS:**

1. Please list any NM Cities/Towns, NM Native Lands, NM State/Federal Parks, NM Ranches or Standing Sets, NM Soundstages, and/or NM Highways/Roads:

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**11. ADDITIONAL REQUIREMENTS:**

1. What is the relationship between the client, ad agency, and the production company?

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Include with the submission of this form a signed letter, on letterhead from an authorized representative from the filing entity, copying the other parties, describing this relationship and which party intends to file for the credit.

**12. CERTIFICATION:**

*Please read the following stipulations of your certification:*

I hereby affirm that I am authorized to sign on behalf of the applicant film production company described above, and further affirm that any items for which the applicant is seeking a credit are intended for use exclusively as an integral part of the pre-production, production or post-production filming activities engaged in the State of New Mexico.

I certify that the production is intended for exhibition and reasonable commercial exploitation.

I certify that the production will provide statistical data per NM Film Office at the close of production in New Mexico.

I certify that the film production company shall make reasonable efforts to contract with specialized vendors that have physical presence in New Mexico and that provide goods and services related to each vendor’s ordinary course of business.

I certify that the film production company will provide (a) a list of vendors subcontracted by a production services vendor with physical presence in New Mexico when that production services company does not sell or lease like-inventory; and (b) documentation of reasonable efforts to find specialized vendors through form(s) available [here](#).

I certify that the film production company will submit proof of a media buy which may include a copy of the run of schedule and an invoice of the advertising space.

I certify that the film production company will submit a URL, or equivalent, where the project may be viewed by the NM Film Office.

I certify that I have read and agree to all the above terms.

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**Authorized Representative’s Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_