

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

**PROJECT TYPE: CHECK EPISODIC TYPE**

TV PILOT

SINGLE TV EPISODE

TV SERIES

TV MINI-SERIES

WEB SERIES

Note: primarily available through VOD, TELEVISION BROADCAST/CABLE and/or INTERNET

**7. PRODUCTION INFORMATION:**

**PRODUCTION TITLE:**

**DIRECTOR:**

**CAST:**

**CAST (cont'd):**

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

STUDIO CONTACT (if applicable):

PHONE:

EMAIL:

EXECUTIVE PRODUCER(S):

PHONE:

EMAIL:

PRIMARY PRODUCER CONTACT:

LINE PRODUCER:

PHONE:

EMAIL:

LOCATION MANAGER:

PHONE:

EMAIL:

POST ACCOUNTANT:

PHONE:

EMAIL:

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

1. Date Production Office Opened: \_\_\_\_\_
2. Number of Days Crew Working per Week: \_\_\_\_\_
3. Prep Dates: \_\_\_\_\_ to \_\_\_\_\_ Total Work Days: \_\_\_\_\_
4. Principal Photography: \_\_\_\_\_ to \_\_\_\_\_ Total Work Days: \_\_\_\_\_
5. Wrap Dates: \_\_\_\_\_ to \_\_\_\_\_ Total Work Days: \_\_\_\_\_
6. NM Post Services: \_\_\_\_\_ to \_\_\_\_\_ Total Work Days: \_\_\_\_\_
7. Is there a significant build for this project? YES or NO

**9. RESIDENT HIRES:**

1. Total CREW Size (Off-Camera ATL/BTL, Nonresidents & Residents): \_\_\_\_\_
2. Total Number of Anticipated FULL-TIME RESIDENT CREW Hires: \_\_\_\_\_  
Breakdown: For Prep: \_\_\_\_\_ For Shoot: \_\_\_\_\_ During Wrap: \_\_\_\_\_
3. Total Number of Anticipated Resident DAY PLAYERS (On-Call Hires): \_\_\_\_\_
4. Total Number of Resident PERFORMING ARTISTS (Actors & Stunts): \_\_\_\_\_
5. Total Number of BACKGROUND: \_\_\_\_\_



**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 film does not violate a provision of Chapter 30, Article 37 NMSA 1978.

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 (NMFO) at the close of production in-state.

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 at [www.nmfilm.com/Forms.aspx](http://www.nmfilm.com/Forms.aspx).

I certify that a press release shall be provided to the NMFO at least one week prior to the commencement of principal photography and prior to the project’s title being included in any and all casting calls; and, if not, I understand that the NMFO has the right to distribute a press release announcing the filming of the project in New Mexico unless otherwise agreed upon in writing by the production and the NMFO.

I certify that the production will have an on-screen credit for “the State of New Mexico” **and** that the production will display, include, and embed a state logo, as provided by the NM Film Office, in the end credits, on its own card, for each episode, unless otherwise agreed upon in writing by the film production company and the NM Film Office.

I certify that if this Pilot is ordered to series, the first season is intended to be shot in New Mexico.

I certify that at least six episodes of this series will be shot in New Mexico; and, that each episode has a New Mexico budget of at least \$50,000.00 (fifty thousand dollars).

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

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

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

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