



## PROP WEAPON REQUEST

Fill all forms out completely and submit to DPS for approval. Copy of DPS approved forms must be turned in to SPO office for final approval, [peppspo@pepperdine.edu](mailto:peppspo@pepperdine.edu)

### Prop Weapon Statements of Acknowledgement

Initial next to each of the following statements indicating your understanding and certification that:

\_\_\_\_\_ The prop weapon will not be played with or pointed at anyone (outside of action required by the script during filming)

\_\_\_\_\_ Any prop guns will be treated as though they are loaded guns.

\_\_\_\_\_ All prop weapons will be kept secured and out of plain view except during rehearsal and filming.

\_\_\_\_\_ All prop weapons will be transported in a closed, securable container in the trunk of a designated vehicle.

\_\_\_\_\_ All prop weapons will not be left unattended or visible in the designated vehicle or on set.

\_\_\_\_\_ Signs will be required to be posted on the perimeter of the set stating: "Student Filming in Progress. Prop Weapons in Use for Filming Purposes."

\_\_\_\_\_ DPS officers may be required to be assigned along the perimeter of the set.

\_\_\_\_\_ The use of firearms are any other prop guns may require special permits and / or operator certifications. Anyone that will be using a prop gun shall know all the operating features and safety devices. All prop guns must undergo thorough safety inspection, testing, and cleaning on a daily basis by qualified personnel.

\_\_\_\_\_ Anyone handling a prop gun shall receive the proper training and know all operating features and safety devices.

\_\_\_\_\_ A photo of the prop weapon(s) must be included with the request.

\_\_\_ All parties (students and faculty) will be subject to disciplinary action if a prop gun is brought on campus and / or used without the proper permissions, regardless of when the violation is brought to light.

*I have read and understand the "Prop Weapons Guidelines for Filming on Campus," and I understand what is expected of me as a user of Pepperdine University's facilities. I also understand the consequences of failing to abide by these policies.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Production Role by Student Signer

# Prop Weapon Request for Pepperdine DPS

## University Interior / Exterior Spaces

Fill out completely each element. Incomplete requests will not be approved.

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Professor Name: \_\_\_\_\_  
Professor Title: \_\_\_\_\_  
Professor Cell: \_\_\_\_\_  
Professor Email: \_\_\_\_\_

Course Title & Section: \_\_\_\_\_

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Production Title: \_\_\_\_\_  
Producer: \_\_\_\_\_ Director: \_\_\_\_\_  
Production Date: \_\_\_\_\_ Request Date: \_\_\_\_\_

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Specific Date for Prop Weapon Filming: \_\_\_\_\_  
Estimated Time for Prop Weapon Filming: \_\_\_\_\_  
Specific Location for Prop Weapon Filming: \_\_\_\_\_

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### **Students Involved with Filming and Role (use "n/a" if that role is empty):**

Role	Name	Phone	Cell
Producer			
Producer			
Director			
Assistant Director			
Cinematographer			
1 <sup>st</sup> Ass't Camera			
Production Designer			

*(attach additional pages as necessary)*

**Non-Students Involved with Production (would include cast and other hired roles who will be on campus):**

Role	Name	Phone	Cell

*(attach additional pages as necessary)*

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Designated On-Set Safety Officer: \_\_\_\_\_  
Designated On-Set Safety Officer Phone: \_\_\_\_\_  
Designated On-Set Safety Officer Email: \_\_\_\_\_

Name of person transporting prop weapon: \_\_\_\_\_  
Prop Weapon Transporter Phone: \_\_\_\_\_  
Prop Weapon Transporter Email: \_\_\_\_\_

Prop Weapon Transporter Vehicle Information:  
Make & Model: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate: \_\_\_\_\_ State: \_\_\_\_\_

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Description of Prop Weapon (be as specific as possible; be sure to indicate the material of the prop—rubber, plastic, metal, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(attach photos of prop weapon)*

Describe the scope of prop weapon use (will it be drawn, held in hands, worn on the hip, held in a holster or hilt of some kind, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the filming plan (how the scene will be blocked--actors running, stunt choreography, etc.):

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Describe any gore, fake blood, simulated violence on set: \_\_\_\_\_

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Describe any practical sound effects on set that may be heard within 50' of set (include all sounds that may resemble gunfire, screams, distress, emergency sirens, etc.): \_\_\_\_\_

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Describe the prop weapon security plan on set (who handles prop weapons, when they do, what happens when prop weapon is not in use, what happens if prop weapon is inappropriately set down, etc.): \_\_\_\_\_

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Describe the security plan on set (signage, protocols, safety briefings, etc.): \_\_\_\_\_

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Describe other non-filming activities of which you are aware that will be near or in the vicinity of filming while using a prop weapon: \_\_\_\_\_

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Describe other large events of which you are aware that will be on campus during the time of the filming (weddings, sporting events, graduations, etc.): \_\_\_\_\_

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Is Pepperdine depicted in the scene? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

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Is there any other relevant information DPS needs to be aware of for your use of prop weapons and filming plan? If so, describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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By signing below, all parties certify they understand the requirements stated above, the information provided is correct, and any changes to shooting dates or locations must be communicated to DPS as soon as those changes are known. Signers also certify they understand no permission is granted to use prop weapons on campus unless written permission from DPS has been given, and failure to follow these guidelines can result in disciplinary action.

\_\_\_\_\_  
Signature of Student Requester

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student Requester

\_\_\_\_\_  
Student Requester Role

\_\_\_\_\_  
Signature of Faculty Requester

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Faculty Requester

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**Remit Approved Written Permission for Prop Weapon Use To:**

Student Name: \_\_\_\_\_

Student CWID: \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Phone: \_\_\_\_\_

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**DPS USE ONLY**

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date & Time

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date & Time