

PETP Contractor Proposal Form

Date: _____

Date Received: _____ (Internal Use)

Your Full Name: _____ Last 4 Numbers of SSN: ____

Film Industry Profession: _____

Please indicate your role(s) in the proposed class: Contractor Head Instructor Facilitator Other

Number of Feature Film/TV Credits OR number of classes previously taught in this craft: _____

Company Name: _____ **Specialty/Type of Business:** _____

Address: _____

Phone: _____ **Email:** _____

Are you a NM resident? _____ **Film Union or Guild affiliation (if applicable):** _____

Title of Proposed Training Class: _____

This class consists of which of the following (check all that apply):

- Lecture only (no demonstrations)
- Lecture AND demonstrations by contractor or subcontractors (i.e. other instructors)
- Participants handling materials, chemicals, tools and/or equipment

For classes that include demonstrations or student participation, please indicate the type of insurance policy you have or will have covering the proposed training activities:

Contractor's Current Insurance Policy Temporary (Special Events) Policy Third Party Coverage

Would this class require any pre-requisites and if so, what are the proposed requirements? _____

Class Audience: crew from what departments would benefit from attending this class? _____

Proposed Class Date(s): _____ Alternative Class Date(s): _____

Ratio of Students to Instructors: _____ **Class Location (City):** _____

Number of persons that have already expressed interest in attending: _____

Submit the following to the New Mexico Film Office:

- Completed and Signed Proposal
- Head Instructor's Resume
- Class Agenda
- Objective: Goals for Attendees

Proposed Contractor's Signature: _____ **Date:** _____

Head Instructor's Signature (if different): _____ **Date:** _____

Print Name: _____

Contact Tobi Ives with questions at 505-476-5612 or tobi@nmfilm.com

