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| **PROD. NUMBER** | **PRODUCTION TITLE** | **DIRECTOR OF PHOTOGRAPHY** |
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| Type of additional equipment | |  | | | | |
| Description of the content to be shot using the additional equipment | |  | | | | |
| Reason why it cannot be shot using WKU Film provided equipment | |  | | | | |
| Safety plan for additional equipment | |  | | | | |
| Have you secured insurance? (Attach proof) | |  | | | | |
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| **FACULTY APPROVALS**  *Signatures must be collected in the following sequence* | | | | | | |
|  | **NAME:** |  | **SIGNATURE:** |  | **DATE:** |  |
| **Director’s Prep Faculty:** |  |  |  |  |  |  |
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