



CITY & COUNTY OF HONOLULU - MODIFIED QUARANTINE APPLICATION FORM for Film and Television Production

Travelers connected with an active project may have their production company submit a request on their behalf to apply for in the Modified Quarantine program. Requests are reviewed on a case-by-case basis and approved or denied based on the information provided. The form must be signed to be processed.

PRODUCTION COMPANY AND PROJECT INFORMATION

Production Company Name:		
Project Name:		
Company address:		
City:	State:	Zip Code:
Country:	Co Website:	
On-site contact: (responsible for compliance in Hawaii):		
Mobile Number:	Email:	
I declare under penalty of law that I am authorized to make this request on behalf of the Production Company and that all the information provided herein is true and correct to the best of my knowledge:		
Requestor:	Title:	
Office Number:	Mobile Number:	
Requestor email address:		
Signature:		

Production Company Traveler Information

Traveler	First Name	Middle Initial(s)
	<input type="text"/>	<input type="text"/>
	Last Name	
	<input type="text"/>	
Departure:	Airline	Flight No.
	<input type="text"/>	<input type="text"/>
		Travel Date (MM/DD/YY)
		<input type="text"/> / <input type="text"/> / <input type="text"/>
Return:	Airline	Flight No.
	<input type="text"/>	<input type="text"/>
		Travel Date (MM/DD/YY)
		<input type="text"/> / <input type="text"/> / <input type="text"/>

PRE-FLIGHT COVID-19 TEST DATE: ATTESTATION OF NEGATIVE TEST RESULT: (Please initial) _____

7th DAY COVID-19 TEST DATE: ATTESTATION OF NEGATIVE TEST RESULT: (Please initial) _____

Place of Residence while under Modified Quarantine

Hawaii Hotel or Residence Name 1:

Street address:

City: State: Zip Code: -

Hawaii Hotel or Residence Name 2:

Street address:

City: State: Zip Code: -

Dates at each hotel if staying at more than one: _____