



Special Events  
Permit Application

City of Senolia  
P.O. Box 310  
Senolia, GA 30276  
770.599.3679

**SUMMARY OF EVENT**

**EVENT TITLE** Stalwart Productions, LLC.

**DATES REQUESTED:** start 10/ 29/2021 (7AM -9PM)

Host Affiliation: Stalwart Productions, LLC. The Walking Dead  
**Name of Chief Officer of Org:** \_\_\_\_\_  
 Applicant/Contact: Sara Sheets 678-850-7079  
 Address: 600 Chestlehurst Rd Senolia, GA 30276  
 Phone: (1) 678-850-7079 (2) 678-723-0230  
 Email: skaysheets@gmail.com

**EVENT TYPE:**

<input type="checkbox"/> Athletic/Tournament	<input type="checkbox"/> Exhibit/Special Attraction
<input type="checkbox"/> Festival/Wedding	<input type="checkbox"/> Parade/Procession/March
<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Farmer/Outdoor Market
<input type="checkbox"/> Run/Walk/Bike	<input type="checkbox"/> Fundraiser
x Other: <u>TV Show</u>	

**ACTIVITY DESCRIPTION:** We will be filming interior of 30 Barnes 2A. We would like to close 1/3 of the NE Parking Lane on Main (b/w Travis St & Hollbergs) on 10/29 @ @ 5AM through 9PM for filming date. Filming date is Friday, 10/29. We would also like to close one lane on Barnes St for working trucks, Equipment and van pick ups.

Number of Participants and Spectators:  
\_\_\_\_\_ 150 \_\_\_\_\_

**MARK ALL THAT APPLY:**

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Signage/Banners	<input type="checkbox"/> Amplified Sound/Music
<input type="checkbox"/> Tents/Canopies	<input type="checkbox"/> Carnival Rides	<input type="checkbox"/> Fireworks/lasers
<input type="checkbox"/> Pond/Lake	<input type="checkbox"/> Portable Restrooms	x Generators/Electricity
<input type="checkbox"/> Trash/Recycling	X ITC Road/ Closing.	x Transportation Shuttle
x Police	<input type="checkbox"/> Cones/Barrels/Barricades	<input type="checkbox"/> Vendors/Concessions
Fire/Ems	<input type="checkbox"/> Inflatable Recreation	<input type="checkbox"/> Crowd Control

**\*\*All proposed road closings shall be approved by the Mayor and Council at least two months prior to the event. If approved, all affected addresses shall be notified at least 2 weeks prior to the event.\*\***

**LOCATION TYPE:**  
 City Facility (select from right)  
 X Residential  
 x Commercial/Industrial

**CITY FACILITY:**

<input type="checkbox"/> Marimac Lakes Park	<input type="checkbox"/> Seavy Street Park
<input type="checkbox"/> Public Streets/Right of Way	<input type="checkbox"/> Multi-Use Trails
<input type="checkbox"/> City Hall/Parking Lot	<input type="checkbox"/> Barnes St. Parking

**ADMISSION:**  Public (no cost)  Tickets/Entry Fees  Registration (Pre and at event) X Private

## SIGNAGE

Temporary signs are permitted for approved special events. Signs cannot be placed in the medians or right-of-ways within the City. A detailed sign plan, including the size and proposed locations of the signs should be provided as an attachment to the site plan.

**It is not permitted to mark the roadway in any way or for any purpose.**

## ENTERTAINMENT AND RELATED ACTIVITIES

Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Music                             | <input type="checkbox"/> Amplification         |
| <input type="checkbox"/> Electricity (describe Amps below) | <input type="checkbox"/> Inflatable Recreation |
| <input type="checkbox"/> Live Animals                      | <input type="checkbox"/> Amusement Rides       |
| <input type="checkbox"/> Tents/Canopies                    | <input checked="" type="checkbox"/> Other      |

Provide a Complete Description: Filming for a TV Series.

## TENTS AND CANOPIES

Setup: Date \_\_\_\_\_ Time: \_\_\_\_\_ Pickup: Date \_\_\_\_\_ Time \_\_\_\_\_

Tent Company: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone Number \_\_\_\_\_

Tent/Canopies shall be shown on your proposed site plan

## PORTABLE RESTROOMS

You are required to provide portable restroom facilities at your event unless you can substantiate the sufficient availability of facilities in the immediate area of the event that will accommodate the size of spectators and participants.

Number of regular portable toilets: 1 Number of ADA portable Toilets: \_\_\_\_\_

Sanitation Company: Name: Crew Thrones

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

Portable restrooms shall be shown on your proposed site plan.

## SANITATION

- Yes  No Will the organization provide trash cans?  
 Yes  No Will the organization empty all public trash cans at the end of the event?  
 Yes  No Will the organization provide a dumpster for the event?

Sanitation Company: Name: Junkit GA  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Please describe your clean up and removal of waste, recycling and garbage during and after the event:

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

Sanitation plan shall be displayed on your site plan.

## PARKING AND SHUTTLE PLAN

Number of parking spaces needed: \_\_\_\_\_  
Amount of parking at the facility: \_\_\_\_\_  
Parking needed outside facility: \_\_\_\_\_

Describe parking plan: Staging in Parking lane & South bound lane on Barnes St  
\_\_\_\_\_

Include parking plan in site plan.  
Include other parking arrangements and agreements.

## SITE PLAN CHECKLIST

A clear and clean copy of the site plan shall be submitted with the application. Applicant should consider:

- |   |   |
|---|---|
| <input type="checkbox"/> Name of event              | <input type="checkbox"/> Sound equipment                            |
| <input type="checkbox"/> Adjacent Streets           | <input type="checkbox"/> Communication facilities                   |
| <input type="checkbox"/> Assembly area              | <input type="checkbox"/> Lighting                                   |
| <input type="checkbox"/> Route to be traveled       | <input type="checkbox"/> Generators/electric supply                 |
| <input type="checkbox"/> Detour plan                | <input type="checkbox"/> signage                                    |
| <input type="checkbox"/> Parking                    | <input type="checkbox"/> trash receptacles/dumpsters                |
| <input type="checkbox"/> Restrooms/portable toilets | <input type="checkbox"/> Event vehicles (that remain through event) |
| <input type="checkbox"/> Tents/canopies             | <input type="checkbox"/> Barricades/cones/crowd control barriers    |
| <input type="checkbox"/> Medical treatment facility | <input type="checkbox"/> Inflatables                                |
| <input type="checkbox"/> Food Vendor/cooking area   | <input type="checkbox"/> Stage/platform                             |
| <input type="checkbox"/> Water supply               | <input type="checkbox"/> Other event components                     |

**ALCOHOL**

The sale or consumption of alcoholic beverages is prohibited during the special event unless a separate alcoholic beverage special event permit is obtained.

Yes  No Does your event involve the use of alcohol?

If yes, please describe the security plan to ensure the safe sale and distribution of alcohol at the event:

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

**FOOD & CONCESSIONS**

Yes  No Does the event include food concessions?

Yes  No Will food be cooked or prepared in the event area? Describe heat source.

Yes  No Will food vendors be at the event? List them.

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

**SECURITY PLAN**

Please describe your security plan including crowd, vehicle, and pedestrian control, internal security. (attach a complete plan if necessary)

\_\_\_\_\_ Officers for ITC of Main, Lane closure of Barnes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any road closings and detour plan have to be approved by the Mayor and Council. A volunteer or police officer shall be stationed at each closed intersection. Proper instructions and communications shall be provided. If it is determined that off-duty officers are necessary, please contact the Chief of Police to determine number of officers necessary. Each officer is \$35 per hour with a minimum of 4 hours. An additional \$10 is payable to the City for the vehicle. Payment shall be made directly to the officer. Event shall provide evidence of workers comp insurance.

If a private security company is used, provide the following:

Company Name: RMA  
Primary Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Event Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## PUBLIC WORKS

Public works staff can be available for extra-duty assignments. Staffing and availability is at the discretion of the Public Works Director. Please contact the Senoia Public Works Director to make nature of the duty and make arrangements. Each public works staff is **\$25 per hour with a minimum of 4 hours. Additional charges may be required for equipment and vehicles.** Payment shall be made directly to the worker(s) assigned to the event. Event shall provide evidence of workers comp insurance.

## LIFE SAFETY PLAN

Yes  No Will the event employ a first aid provider?  
 Yes  No Will the event require assistance of Coweta County EMT/Fire Department?

Please describe your medical plan including communication plan and types of medical resources at your event.

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Please contact Coweta County Fire Department for availability of EMT/Fire Department assistance.

## INSURANCE REQUIREMENTS

Before the application can be accepted as complete, applicant/sponsor shall provide proof of commercial general liability insurance or event insurance that names, as also insured, **City of Senoia, P.O. Box 310, 80 Main Street, Senoia, GA 30276**, with a waiver of subrogation in regards to workers compensation. Insurance coverage must be maintained for the duration of the event including setup and cleanup dates.

**CLASS III INSURANCE REQUIREMENT: \$1,000,000 MINIMUM**

If alcohol is served, additional insurance may be necessary.

## VOLUNTEERS

Yes  No Does the event plan to use volunteers to work the event.  
Describe service the volunteers will provide:

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Each person must be clearly identified as a volunteer. No volunteer shall be assigned a duty that he/she is not able to perform. Volunteers at closed intersections shall wear bright neon vests or t-shirts. Such volunteers are only to give instructions to travellers on how to safely detour around the event.

APPLICATION FEE

Must be submitted with application fee.

\$100 – less than 500 Participants

\$200 – more than 500 Participants

Amount included with Application:

\_\_\_\_\_

APPLICANT'S AFFIDAVIT

I, applicant or authorized representative, agree to indemnify, hold harmless, and defend the City of Senoia, GA against all liability and expenses, including reasonable attorney fees, arising out of claims in connection with this event.

The applicant and/or organization agrees to investigate, handle, respond to, provide and/or defend any claims, etc., at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent.

In any case in which such indemnification would violate any applicable legal prohibition, the foregoing provision concerning indemnification shall not be construed to indemnify the City for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the City or its employees.

This agreement shall be terminated by either party by providing written notice of its intent to terminate said relationship.

The permit may be cancelled by the Chief of Police at any time with or without cause.

I, applicant or authorized representative, have read and understand the contents of this application. The information contained herein and attached is complete and true, current and correct to the best of my knowledge. Providing false information shall void the application and cancel the event.

Sara Sheets  
Signature

Location Manager  
Title

10/8/21  
Date

**IF ROAD CLOSURES ARE REQUESTED OR IF BUSINESS LICENCE OR PERMITS MUST BE VERIFIED THE PERMIT MUST BE SUBMITTED A MINIMUM OF 8 WEEKS PRIOR TO THE EVENT TO ALLOW TIME FOR MAYOR AND COUNCIL APPROVAL. ALL OTHER REQUESTED MUST BE SUBMITTED 2 WEEKS PRIOR TO THE EVENT.**

The information included herein has been reviewed by the City Manager. The permit has been:

\_\_\_\_\_  
Approved City Manager Signature Date

\_\_\_\_\_  
Denied: Reason:

\_\_\_\_\_

# CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)  
9//10/2021

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b>  Aon/Albert G. Ruben Insurance Services, Inc. 15303 Ventura Blvd., Suite 1200 Sherman Oaks, CA 91403 + 1818.742.1400 License Number: 0806034	Contact Name: <b>KELLIE LOWRY</b> Phone: 818-742-0763 (A/C, No. Ext): Fax: 847-953-2436 (A/C, No): Email Address: <a href="mailto:KELLIE.LOWRY@AON.COM">KELLIE.LOWRY@AON.COM</a>  <table style="width: 100%;"> <tr> <td style="width: 80%; text-align: center;"><b>Insurers Affording Coverage</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A: GREAT DIVIDE INSURANCE COMPANY</td> <td style="text-align: center;">25224</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	<b>Insurers Affording Coverage</b>	<b>NAIC #</b>	INSURER A: GREAT DIVIDE INSURANCE COMPANY	25224	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															
<b>INSURED</b>  <b>TWD PRODUCTIONS XI, LLC</b> <b>STALWART PRODUCTIONS, LLC</b> <b>600 CHESTLEHURST RD.</b> <b>SENOIA, GA 30276</b>															

**COVERAGES                                      CERTIFICATE NUMBER:                                      REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CNA7512458-11	04/10/2021	04/10/2022	<table style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea Occurrence)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 1,000,000		\$
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A	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY OTHER:	X		CNA7512458-11	04/10/2021	04/10/2022	<table style="width: 100%;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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A	<input checked="" type="checkbox"/> Umbrella Liab <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> Excess Liab <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$  <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	X		CUA7512459-11	04/10/2021	04/10/2022	<table style="width: 100%;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 10,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 10,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td>PER STATUTE</td><td style="text-align: right;">Other</td></tr> <tr><td>E.L. Each Accident</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. Disease - EA Employee</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. Disease - Policy Limit</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 10,000,000	AGGREGATE	\$ 10,000,000		\$	PER STATUTE	Other	E.L. Each Accident	\$	E.L. Disease - EA Employee	\$	E.L. Disease - Policy Limit	\$
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A	<b>PRODUCTION PACKAGE POLICY</b> MISC. RENTED EQUIPMENT PROPS/SETS/WARDROBE THIRD PARTY PROPERTY DAMAGE HIRED AUTO PHYSICAL DAMAGE			CNA7512458-11	04/10/2021	04/10/2022	<b>LIMITS/DEDUCTIBLES</b> \$5,000,000 LIMIT / \$3,500 DEDUCTIBLE PER LOSS \$5,000,000 LIMIT / \$3,500 DEDUCTIBLE PER LOSS \$5,000,000 LIMIT / \$2,500 DEDUCTIBLE PER LOSS \$2,000,000 LIMIT / DED: 10% - \$2,500 MIN / \$7,500 MAX														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY AS RESPECTS THEIR AGREEMENT WITH THE NAMED INSURED FOR THE PRODUCTION ENTITLED: "THE WALKING DEAD" SEASON 11.

<b>CERTIFICATE HOLDER</b>  City of Senoia P.O. Box 310 Senoia, GA 30276	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <b>Aon/Albert G. Ruben Insurance Services, Inc.</b>
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**Legend**

- ITC Traffic
- Lane Closure
- Parking Lane Closure
- Sidewalk Closure

1 2 3

4

5

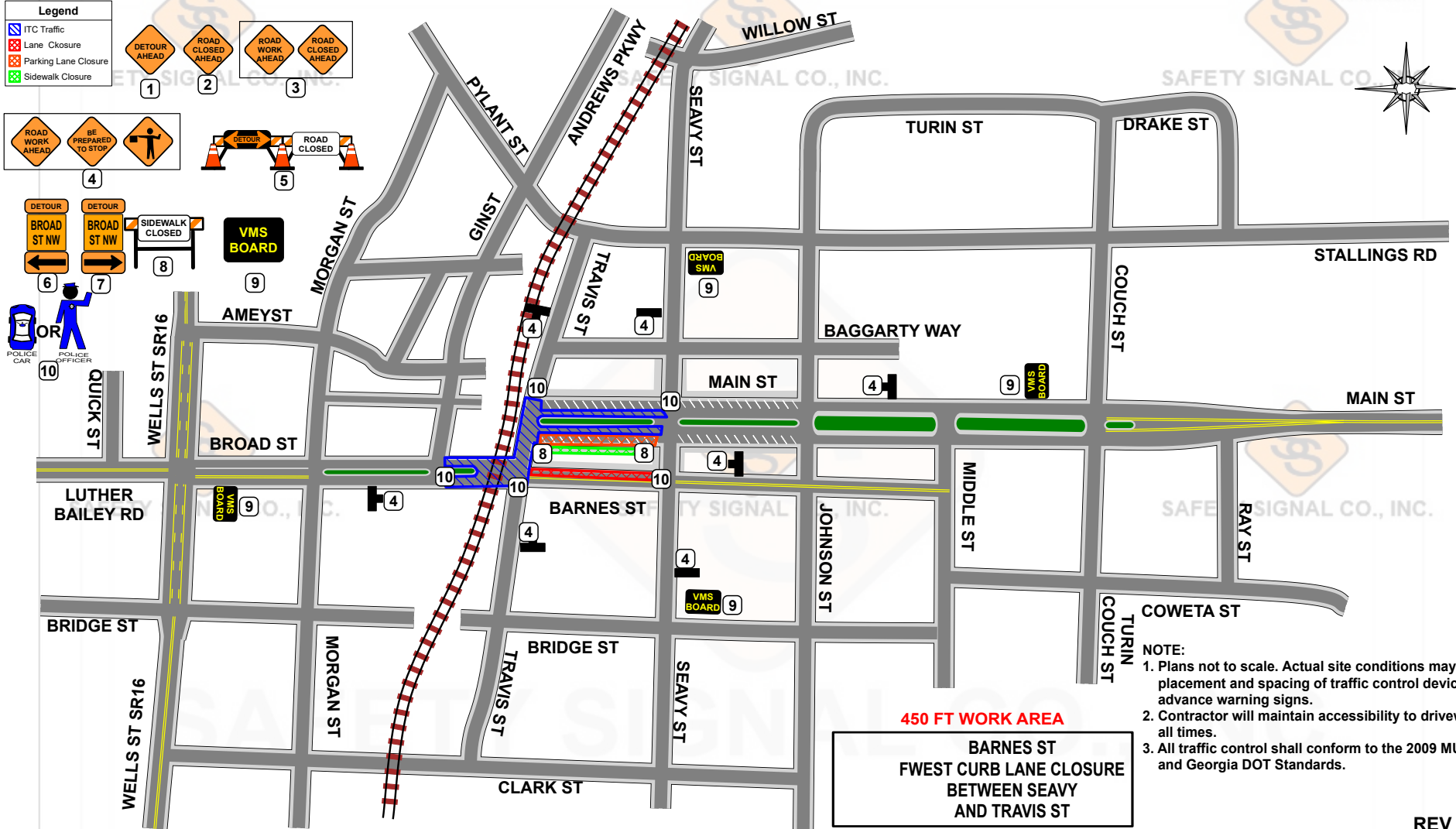
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**NOTE:**

1. Plans not to scale. Actual site conditions may affect placement and spacing of traffic control devices and advance warning signs.
2. Contractor will maintain accessibility to driveway at all times.
3. All traffic control shall conform to the 2009 MUTCD and Georgia DOT Standards.

**450 FT WORK AREA**

**BARNES ST  
FWEST CURB LANE CLOSURE  
BETWEEN SEAVY  
AND TRAVIS ST**

**630 FT WORK AREA**

**MAIN ST  
ITC TRAFFIC  
BETWEEN GIN ST  
AND SEAVY ST**

**280 FT WORK AREA**

**MAIN ST - EAST CURB  
SIDEWALK AND PARKING LANE CLOSURE  
BETWEEN TRAVIS ST  
AND SEAVY ST**

**STALWART FILMS, LLC**  
**"THE WALKING DEAD" SEASON 11**  
 600 Chestlehurst Rd  
 Senoia, Georgia 30276  
 OFFICE: 678-723-0230 FAX: 678-723-1001

**SAFETY SIGNAL CO., INC.**  
 P.O. BOX 488  
 UNION CITY, GEORGIA 30291  
 OFFICE: 770-964-3181  
 Drawn by: CT White Date: 07-15-21

**REV 1**  
**09-09-21**