## National Park Service (NPS site name) (street, city, state, zip code) (telephone number)



## Application for Special Use Permit Commercial Filming/Still Photography

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information**. A nonrefundable processing fee of \$xxx.xx must accompany this application unless the requested use is an exercise of a First Amendment right. You must allow sufficient time for the park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America as also insured.

Enter eit	ther a social security	number OR	a tax ID	number: we d	lo not require bo	th.		
Applicant Name:			Appli	Applicant Company:				
Social Security #:			Tax II	Tax ID #:				
Street/Address:			Stree	Street/Address:				
City/State/Zip Code:			City/S	City/State/Zip Code:				
Telephone #:			Conta	Contact name:				
Cell phone #:			Telep	Telephone #:				
Fax #:			Fax #	Fax #:				
Email:			Emai	Email:				
Project name:			Telep	Telephone #:				
Location	manager		Cell p	Cell phone #:				
			E-ma	E-mail:				
TYPE OF PROJECT:  Still photography video/motion picture/film  Detailed description of onsite activities (attach additional pages as necessary):								
LOCATION SCHEDULE  Each date and each location must have an individual entry – use additional pages as necessary.  Date Location Start End Interior/ Activity: Set- # of Cast Time Time Exterior Up/ Film / & Crew*								
				Exterior	Non- Filming /Breakdown	a crew		

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* number in this column should include all individuals present at the location	
Description of equipment, backdrops, sets, props (attach additional pages if necessary Please note if any of the following will be included: weapons, animals, minors, nudity)	
Number of Vehicles: Car, SUV or light truck Vehicles greater than a 10,000 lbs. (class 3 or high	er)
Have you physically visited the requested area?  Do you plan on advertising or issuing a press release for this activity?	□Y □N  Y □N
When answering yes to any of the following questions, provide additional	
information:	
Do you have, or are you applying for, a permit with another Federal, State or local agency for this activity?  Have you had previous permits from the National Park Service?  N	]N
Have you ever been denied a permit or had a permit revoked by a Federal agency?	Y
Have you forfeited a bond or other security for filming on Federal lands?	Y
Are there any pending Federal investigations against you which involved a commercial filming activity?	Y
Do you anticipate any security concerns? If yes, explain.  N	]Y
CONTACTS:	
Person on location responsible for adherence to all terms & conditions of the	9
permit:	
Name: Title:	
Phone: Cell Phone:	
The applicant by his or her signature certifies that all the information given is compounded, and that no false or misleading information or false statements have been given	
Signature: Print Name: Date:	
Title: Company Name:	

\*

<b>Note:</b> this is an application only, and does r	ot serve as permission to conduct any special
activity in the park. The information provided	will be used to determine whether a permit will
be issued. Send the completed application a	along with the application fee in the form of a
credit card, cashier's check, money order or p	ersonal check made payable to National Park
<b>Service</b> to	at the Park address found on the first page of
this application.	

If your request is approved, a permit containing applicable terms and conditions will be sent to you. The permit must be signed by the responsible person and returned to the park for final approval by the Park Superintendent before the permitted activity may begin.

Credit Card Authorization: All credit card information is protected under the Privacy Act.							
Name as it appears on the card (print clearly):							
(Circle One): VISA MasterCard		Discover					
No	Exp / (Month/Year)	Security Code					
	,	Total Amount Authorized: \$					

**Notice to Customers Making Payment by Personal Check:** When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

## **NOTICES**

**Privacy Act Statement:** The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service (31 U.S.C. 7701). Information from the application may be transferred to appropriate Federal, State, and local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

**Paperwork Reduction Act Statement:** We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to provide the park managers the information needed to decide whether or not to allow the requested use. All applicable parts of the form must be completed in order for your request to be considered. You are not required to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 15 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the Information Collection Clearance Officer, National Park Service, 1849 C Street NW (1237), Washington, D.C. 20240.

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